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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### **Veratrum Viride; its Physiological and Therapeutical Action.**

By B. WOODWARD, M. D.,  
Of Galesburg, Ill.

Within a few years past, veratrum viride has come into pretty general use as an arterial sedative, and its merits are being acknowledged as such. As a general thing, its use has been confined to strictly inflammatory diseases, though I think it will be found, on trial, to be much more extendedly useful as a therapeutic agent. From a somewhat attentive watching of its effects in all the cases in which I have used the article, I am led to believe that its sole action is upon and through the nervous system, and that, unlike antimony, it has no effect upon the blood. Were its action upon the blood, we should see its effects after its primary action has passed off, which is not the case. There is no remaining depression, as with antimony; neither is the nausea and vomiting, nor its cathartic action, permanent. I have never seen it produce watery stools, neither have I ever known it to produce those peculiar ejections and dejections of the secretions of the stomach and bowels, which are often found so troublesome where antimony has been exhibited. I regard it as solely a *nervous sedative*, and in no case a *stimulant*. I propose, in the present paper, to establish, if I may, the truth of my proposition, by reference to cases of disease in which I have used the remedy.

The researches of Bernard and others are opening up a new field in pathology and therapeutics, and, if their views of the agency of the nervous system shall stand the severe test to

which they will be subjected, we shall have a new therapeia. Many articles, which have been hitherto used empirically, will be used rationally, while others will go out of use in certain cases, and more rational remedies and modes of treatment will take their places. Thus another step will be taken toward making medicine an "exact science."

If the action of veratrum viride is upon the nervous system, upon what nerves does it specially act? is an important question, with a view to its therapeutic use. We must judge of this by its effects.

As soon as the system comes under its influence, the first phenomenon is a reduction in the frequency of the pulse. The next is a diminution of the frequency of the respiration. Carry it a little further, and you have a sense of sinking or general prostration, referred by the patient to the heart. "Jimmy, how did you feel after taking the medicine last night?" was a question I put to an Irishman a short time ago, who was sick with one of our mixed fevers—bilious remittent and typhoid together. There had been no laxity of the bowels—on the contrary, it was hard to move them; his urine had been very scanty; tongue dry, with a brown coat—no redness of tip or edges. His pulse ranged from 110 to 125, and had been so for five days; constant disposition to talk, though rational. I had used the veratrum viride in the ordinary doses without effect; I could not rouse the secretions, and quinine did no good; I had just put him on ten-drop doses of Tilden's fld. extract of veratrum viride, to be repeated every three hours till he vomited; I was determined to give the veratrum a thorough trial; this was done two hours after taking the last dose—

"Och, docthur, the medicine made me very sick intirely; my heart did not go right at all, and shure I cuddent breathe, and I thought it was all over wid me, and pretty soon I womited, and then the sweat came out all over me, and

shure I made a power of wather, and soon I had to get up and my bowels passed off, and I have just got back to bed, and indade I feel a heap better."

His pulse was now but 45 per minute, soft and full; he was perspiring freely. From that time he had no more fever; quinine acted well; the pulse was kept down to 70 by the use of small doses of veratrum, and he speedily got well. This ignorant Irishman, who knew no more about the nervous system, or the circulation, than a Hottentot, had given me a rational account of the action of the remedy on his nervous system. He had traced every thing directly to the pneumogastric. When the nervous irritation, which kept up the pulse and locked up the secretions, was controlled by the sedative, he vomited; his kidneys and skin acted, and his bowels moved—the circulation being held in abeyance all else was enabled to go on harmoniously. In typhoid fevers, when the pulse is rapid and feeble, we always have evidence of nervous irritation, calling for a sedative.\*

Some months since, in one of your hospital reports, I was surprised to see the use of veratrum condemned in typhoid fever, on the ground "that we had already a weak, feeble pulse, and the veratrum would only make it weaker." It is not pleasant to disagree with high professional authority; but, as searchers after truth, we are obliged to make our own observations and deductions. It has appeared to me that a wrong view of the action of veratrum was here taken, and also a wrong view of the condition of the system which produced this rapid feeble pulse. All the symptoms seem to point to an unnaturally excited and irritated state of the nervous system. The secretions are locked up; the brain is oppressed; the heart and lungs are laboring to free themselves from the tension to which they were subjected. Now here is a condition in which remedies cannot act; but, if we can subdue this nervous exaltation, the system becomes relaxed, the secretions are restored, the circulation and respiration become slower, fuller, and stronger, the lungs oxygenate the blood more completely, and nutrition and depuration, which had before been impossible, allowed to go on. I would not claim that veratrum, or any other remedy, will cut short a typhoid fever, but that its use will

prevent the system from wearing itself out by its own tension.

In *pneumonia* and *pleurisy*, it acts by depressing the nervous action which concentrates the blood on the lungs and pleura. It may be that the drug in question will not in every case be away with the use of the lancet, but I can say from my own experience, that in neither of the above diseases have I felt called upon to bleed since I learned the value of veratrum. In *pleurisy* I give as large a dose at first as I think the patient can bear, and bring the pulse down as rapidly as possible, and keep it there, and I have found no trouble from subsequent effusions—not that this is my only remedy in these cases, but that it precedes and prepares the way for others.

In three cases of *puerperal fever* I have been governed by these views, and have promised all other treatment by controlling the pulse with veratrum; then opium comes in with far better effect than without it. In a late case of *puerperal convulsions*, I did not resort to veratrum, but used the lancet twice, taking away forty-five ounces of blood before the convulsions ceased; but, in about four hours after the last convulsion, the lady became furiously delirious, requiring to be held in the bed; two doses of ten drops each of Wood's tr. verat. quieted her so completely that she slept for four hours, and had no return of the delirium. Reasoning from the action of the remedy on the nervous system, I have determined to try its effects in the first case of *delirium tremens* which shall come into my hands.

There is one other most terrible disease, in which, as yet, no remedy has been found, which I advise a thorough trial of veratrum—*hydrophobia*. Here it can but fail, and if it does no harm can be done. In this disease the nervous system is in a terrible state of irritation. It may be that the convulsions can be controlled by this powerful sedative. Dr. Atlee's case of *puerperal mania*, in *REPORTER* for Oct. 6th, led me to believe that the remedy may be used successfully in *puerperal convulsions*; and, if these convulsions, why not in *hydrophobia*? If *puerperal convulsions* are caused by uræmia, as is claimed, why are they controlled by venesection? The remaining blood is as truly poisoned as before venesection. The fact that there is either arrest of urinary secretion or albuminuria, does not prove to my mind that the condition causes the disease; but the phenomena of the disease lead me rather to believe that

\* This treatment is perfectly consonant with the propriety of sustaining the system with food, which I think is vitally important in the treatment of typhoid fever.

disease causes the condition, and that the disease is one of purely nervous origin. If the nervous and circulatory systems are the great sources of life, they must also be of death, and if of death, then of disease. If we can get them right, we cut short disease.

There is one other form of nervous disease in which I have lately used the veratrum with the best effects. I was sent for, to see a little girl, eight years old, who, while recovering from scarlatina, and while desquamation was going on, went to an open door for a few minutes. She soon complained of pain in the right thigh and leg, which became so severe, that she got no rest, day or night. I found the pain entirely characteristic of neuralgia, following the track of the sciatic nerve from its exit, from the pelvis, through its ramification, to the foot. Her pulse was 110, tongue dry, but clean, without redness. She had not urinated for forty-eight hours, bladder full, rising to the umbilicus, suffering much from this cause. I drew off with the catheter two quarts of highly ammoniacal urine, and put her on morphia and tinct. conium. I found her the next day in the same condition, bladder full, and the pain now in both limbs. The morphia had produced no relief, her pulse was now 120. I moved her bowels with enema, and put her on quinia, grs. iij., morphia,  $\frac{1}{4}$  gr. every four hours. This gave no relief, as I found her the next day fully as bad, in every respect, as she had been; drew off the urine again, and put her on veratr. vir. four drops every four hours, till the pulse was brought down to 60; she had no more of the pain, or retention of urine, the pulse was kept from rising above 80 by small doses of the veratrum for a few days, and she made a good recovery. I have been thus particular in the detail of this case, because it illustrates the effects of the remedy on the nervous system.

Though the drug seems to have a more controlling influence over the *pneumogastric* nerve, its good effects are seen in the *general* nervous system. Another case of neuralgia occurred to me, in which the veratrum seemed to have a controlling influence. It was the case of a lady who, for nine weeks, had been treated by judicious physicians without the least relief. In her case, it was the crural nerve which was affected throughout its whole ramifications, over the pubic region, the labia, and inside of the thigh. Opium, blistering, the endermic use of veratria, aconite, etc., had been faithfully

tried, but without effect. It was not without many misgivings that I undertook her treatment. During the paroxysms, there was a remarkable acceleration of the pulse, and a general nervous irritability. She was put on tr. veratrum viride, at first eight drops, and in four hours four drops; this brought the pulse down to 50 per minute, with a marked amelioration of the pain. She then took twenty drops of Tilden's fld. ext. of conium every eight hours, with four drops of the veratrum between each dose of the conium. In this way, the pulse was kept down to 70 per minute for several days, during which time there was no return of the pain. She was then put on R. quiniæ, ðij., ext. conii, ʒj. In pil. no xxx div. Two pills to be taken three times a day. Before she had half got through the course, the cure was perfect, and there has been no return of the pain, now eight months. The only material difference in the treatment was the use of the veratrum, and I cannot but conclude that this was the efficient remedy.

Have I made out my case—"that veratrum viride is purely a nervous sedative?" At the risk of being thought a "hobby rider," I believe that the day is not far distant when, in extent of range as a therapeutic agent, veratrum will rank with opium.

When we wish to get the nervous system well under the influence of the remedy, it is best to give as large a dose at first as will be well borne. The remedy is not like digitalis, accumulative in its action. Vomiting will not occur till the circulation is brought well down, and when this does occur, it is only a sign that the system is well under the influence of the drug, and in no case proves troublesome; a teaspoonful of brandy, or a few drops of tr. opii will arrest it at once.

Wishing to know, from my own experience, what the physiological effects of veratrum were, I subjected myself to the experiment. I will premise, that I am nearly fifty years old, of a very nervous temperament, the natural rate of my pulse is 90, respiration twenty per minute; ordinary weight, 115 pounds; have no constitutional disease. I give my own condition, because, in endeavoring to ascertain the physiological effects of a medicine, it is important to take into account the physiological condition of the person experimented upon. At 8 P. M., after a busy day in my profession, I took eight drops of Norwood's tinct. verat. vir., pulse 94. In one hour,

pulse 87, respiration 18; at 10 o'clock, pulse 80, respiration 16; took now four drops of the tinct.; at 11 o'clock, pulse 75, and respiration 14; felt a degree of lassitude, with a disposition to inflate the lungs very fully; at 12 o'clock, pulse 65, with a sense of sinking about the heart; respiration 12. I now took three drops more; in ten minutes felt nausea, pulse 50, respiration 8; in fifteen minutes more I vomited, pulse 42, respiration 6; had profuse diaphoresis and sense of utter prostration. I now took a teaspoonful of brandy, and in ten minutes, another; in half an hour, the pulse was 50, respiration 9. Took another teaspoonful of brandy; in twenty minutes, pulse 56, and respiration 11; in two hours from this time, the pulse was 67, respiration 14. I now went to bed, and slept well for six hours. When I awoke, it was with a most delightful sense of relaxation and rest; ate a hearty late breakfast, and went to my business as usual. Through the rest of the day, felt rather weak, but by night had entirely recovered from the effects of the drug. I thought I now understood the action of the medicine upon the heart and lungs. At no time did the brain seem to be affected, except that toward the last, there was a species of torpor, and my ideas were not very clear. I fear, Messrs. Editors, that your readers will think that I am still under the influence of *veratrum viride*.

### Poisoning by Atropine.

By MAX KUECHLER, M. D.,  
Of Newark, N. J.

Several cases of poisoning by atropia have of late been recorded. The powerful action of this alkaloid, externally applied for the purpose of dilating the pupil or of promoting the absorption of exudations in the layers of the cornea, has led the profession to abandon belladonna almost entirely. For weeks a strong solution, for instance gr. vi, x, to aq.  $\zeta$ i, may be dropped into the eye 10 to 20 times a day, and never has it been followed by other symptoms, except dilatation of the pupil, resorption of exudations; only after a very prolonged use has injection of the conjunctival vessels been observed, terminating, if the use of the article is persisted in, in conjunctivitis.

Accidentally, however, it happened several times within the last few years that solutions of

atropine, prescribed for external use, were given internally.

The symptoms of three cases to which I can refer are remarkably similar. One is recorded by Dr. Samuelson, in the *Königsberger Med. Jahrbücher*, 1858; i, 1 and 2; the second case occurred under the hands of *Desmarres*, at Paris, in 1856, and was treated in the *Charité*, at Berlin, where I had the opportunity to observe the case; the third case occurred in my private practice in 1857.

Dr. Samuelson has described the first case as follows:

The patient, who had taken about  $\frac{1}{2}$  or  $\frac{3}{4}$  of sulphate of atropia, lay in a deep soporose sleep, from which he could be roused neither by loud talking, nor by shaking him, nor by applying irritants to the skin. The face was almost of a purple color; the conjunctiva greatly injected; the cervical veins full; the temperature of the skin considerably elevated; a pearly sweat upon the forehead and temples. The pulse, at first 88, became irregularly and strongly accelerated (130, 140;) respiration slow and labored; power of deglutition almost entirely gone. *The pupil, which is very strange, was not dilated.* In spite of leeching, venesection, bladders filled with ice, applied to the head, injections of vinegar, etc., the symptoms kept on increasing in violence, the pulse became more frequent and irregular, occasionally groups of muscles were affected with tonic spasm, and the pupil assumed an oval form.

Six hours and a half after the commencement of the narcosis the patient awoke from his sopor, and was perfectly conscious. Dr. Samuelson remarks, very properly, that while, in chronic toxication by belladonna, the frequency of the pulse is at first lessened, the pupil dilated, and the sensation of dryness and dysphagia precede the slowly developing symptoms of cerebral depression,—in acute poisoning by atropia we have, after a very short stage of dysphagia, a marked degree of sopor, followed by rapid loss of consciousness, increased frequency of the pulse, tetanic spasms, and tremor of the hands. At least two hours are necessary before the intoxication passes off, but it may continue for eight hours after the administration of the remedy. Half a grain may kill an adult.

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The art of healing must always depend, in part, upon empirical observation, and in part upon inductive science. But in both alike, the physician is, or should be, "nature minister et interpres."—*Hartshorne's Medical Principles.*

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**Case of Supposed Spider Bite, followed by Severe Symptoms, Rigidity of the Muscles, Prostration, etc.**

By D. THOMPSON, M. D.,

Of Castalian Springs, Tenn.

On August 29th, 1860, I was called to see a man at the hour of 6 A. M. He was possessed of an unusually large frame; 38 years of age. When I arrived, he reported to me that he had been out at his barn about ten hours before, when he felt something bite or sting him about midway on the inner side of the left thigh; the sensation, he said, bore some similarity to a bee's sting. He slapped his hand on it, and again experienced the same sensation as before, near the same locality. Having no light he made no examination, and paid no particular attention to it.

On examining him, I found the wounds to be but little more than a flea's bites, the size of half a dollar, with a deep red spot in the middle, and red purplish color extending to the circumference. The pain increased, and extended up his body, until it arrived as high as his heart, so he informed me; it then became more general through his body; it came on paroxysmally in severity, and was so intense at times that, in fact, I do not think that I have ever seen a person apparently in more misery and agony.

In addition to this, the muscles of the abdomen were tense and hard, rigidly contracted; his diaphragm, likewise, was much contracted, making him appear as if belted tightly around the body; his respiration was, in consequence, much oppressed. His pulse was slow, 42 beats per minute; extremities cold, up to the knees and elbows, even above them; his whole surface bedewed with a clammy and cold perspiration. The two bites were in close proximity to each other.

**TREATMENT.**—There were three prominent therapeutical indications in this case, viz: first, allay pain; 2d, revive the circulation; 3d, subdue the rigidity and contraction of the muscles. The first indication was met by opiates, to which the family urged objections, on account of his unusual susceptibility to their bad influence. Believing, however, that it would expend its force upon the pain, instead of manifesting its unhappy effects, I felt no hesitancy in giving it.

He took  $\frac{1}{2}$  gr. morphia sulph. without any effects following it. The same quantity was given in succession every  $\frac{1}{4}$  of an hour, until he had taken his fourth dose. I then gave him 25 drops of tr. opii. every hour. At 10 o'clock the pain was, to some extent, mitigated. Shortly after the first dose of morphia had been administered, a half glass of good whisky was given, and a few minutes later a teaspoonful of spirits of camphor; followed in  $\frac{1}{4}$  of an hour by a teaspoonful of spts. of ammonia. Under the continued use of the above stimulants there was an apparent reaction. But as there was still difficulty of respiration and the contracted state of the muscles, my object was to administer some medicine which combined in its actions both a stimulating and antispasmodic effect. Hence I resorted to the use of the ammoniated tincture of valerian, the success of which was highly gratifying. This treatment was continued up to 4 o'clock P. M., with a general amelioration of all symptoms. I then directed the suspension of the medicines, ordering the stimulants to be given freely, if he should get worse, enjoined the recumbent position, and left him. But an hour or so after leaving, he felt so much better that he was injudicious enough to get up from his bed, and soon became worse. On taking a few glasses of whisky and few teaspoonsful of ammoniated tincture of valerian he was relieved again; and what was remarkably strange, the whisky had not the least intoxicating effect upon him. I saw him again on the same day at 8 o'clock P. M., and remained all night with him—forcing him, against his will, to take the stimulants frequently and constantly—when he felt any returning symptoms. I left next morning at 8 o'clock, directing the continual use of stimulants. When I returned on the 31st, the pain had descended to the left lower extremity which was bitten, and he soon recovered entirely.

THE first traces of field hospitals, or, as they are called, flying hospitals, occur, perhaps, in the East. At any rate, the Emperors Maurisius and Leo the Sixth had along with their armies certain followers termed *deputati*, who were distributed among the cavalry, and were obliged to carry off those who were wounded in battle. On this account, they had on the left side of the saddle two stirrups, in order that they might more easily take up the wounded behind them; and for every person thus saved they obtained a certain reward. They were obliged, also, to carry with them a bottle containing water for the purpose of reviving those who might have fainted from the loss of blood.—*Outlines of Military Surgery.*

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL.

Service of Dr. J. Forsyth Meigs.

#### DELIRIUM TREMENS.

At the conclusion of his service on Wednesday last, Dr. Meigs made some remarks on the nature and treatment of delirium tremens, a disease which has recently again excited much attention. Dr. Meigs mentioned two cases, which he had seen, of persons that had died rather suddenly during attacks of delirium tremens; and, in both instances, the right heart was found filled with blood-clots, of great firmness and whitish-yellow color, indicating that they must have formed some time before death. It is often supposed that blood-clots, formed before death in the heart, always occur in cases where the death-struggle has been protracted. Yet, in both these instances, the death-struggle was short, while the character, consistence, and color of the clot left no doubt that it had been some considerable time in formation. These observations, taken in connection with experiments recently made upon animals, by various continental observers, seem to show that sudden death in delirium tremens arises from blood coagula in the heart, and that chronic alcoholism, or alcoholic poisoning, has a tendency to lead to coagulation of the blood. In the experiments alluded to, the injection of alcohol into the cellular tissue and the veins was followed by clot-formation in the heart. Another remarkable circumstance is, that these clots were found in the right heart, blocking up, in one case, the whole ostium venosum, while, in ordinary cases, coagula in the heart are generally in the left side of the heart.

In reference to the question of the true nature of delirium tremens, the oldest theory of phrenitis is, of course, abandoned at present. Another opinion is still prevailing to some extent, namely, that it arises from a peculiar irritation of the brain, in consequence of a sudden withdrawal of stimulants. This theory, however, is not tenable, as it has been shown to be unsupported by the statistics. It is true, when persons are attacked by delirium tremens, they have often not drank much for three or four days previously, but this is owing to the saturation of the system with the poison, and nature resisting the further introduction of the deleterious agent by the establishing of vomiting, etc.; the delirium tremens is not the result of a suspension of stimulants, but the latter is rather a consequence of the saturation of the system by the alcohol, which finally terminates in delirium tremens.

The opinion which seems the most correct, and one to which we are led by the opinions of some of the best clinical observers, such as Laycock, Bennett, Carpenter, etc., is that deli-

rium tremens is the result of a slow toxication by alcohol.

With this view of the nature of the disease, the indication of treatment is easily given. Give nature a chance to eliminate the poison; put the system in the best possible condition to resist the toxication and to remove the poisonous material. It has been found in animals which have died from alcohol poisoning, that while the various tissues were impregnated more or less with alcohol, the brain showed a much larger amount of the toxic agent than other tissues; and, hence, Carpenter concludes that there is what he terms a selective affinity between alcohol and the brain matter, producing the molecular condition of the cerebral substance, the symptoms of which we call delirium tremens.

The patient should not be confined to a dark small room, nor should he be tied and manacled, as was generally done formerly. Whole-some food, beef tea, milk, etc., are to be given.

The excessive use of opium or alcohol in this disease has been found to be injurious. Opium should never be given during the day-time, but only at night, and then in moderate doses.

As to alcohol, Laycock and Bennett object to it in toto, and, if used at all, it is only in cases where the patient is rapidly sinking. Many persons attacked with delirium tremens are suffering from granular degeneration of the kidneys, and uræmic poisoning is superadded, from which the patient dies, while he might have recovered from the delirium tremens.

### JEFFERSON MEDICAL COLLEGE.

Service of Prof. Gross.

Reported by N. G. Blalock, of N. C.

#### HYPERTROPHIED TONSILS—OPERATION.

The patient was a young lady, 17 years of age, of good general health; had been suffering with chronic enlargement of the tonsils for some weeks, which was a source of great inconvenience. The parts are liable to frequent attacks of acute inflammation from slight exposure to cold; deglutition is impeded; the voice is rendered hoarse, and respiration is noisy and laborious, especially during sleep. Acute cases may be relieved by proper attention to the secretions, diet, clothing, and occasional use of the nitrate of silver to the affected parts; but when the disease becomes chronic, and the enlargement of such size as to cause much inconvenience, a portion should be clipped off. This may be done with the tonsillitome; but usually a sufficient portion cannot be removed. Professor Gross, therefore, prefers the volsellum and the probe-pointed bistoury. The surgeon seizes the glands with the volsella, (having the tongue depressed,) and with the knife clips off a portion, cutting from below upwards. The operation is simple, and causes but little pain; sometimes the hemorrhage is profuse, but is usually

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controlled by the use of cold water held in the mouth and gargled, or by styptics. The patient should be careful in regard to exposure, otherwise severe inflammation might result.

This disease most commonly attacks young persons of a strumous or scrofulous diathesis, and this fact should be borne in mind in the treatment of the disease.

#### ANAL FISTULE.

The patient, 30 years of age, had been suffering from this disease for two years. It was the result of an abscess, which was situated in the ischio-natal fossa, an inch above the anus. The fistula was complete, entering the bowels just above the sphincter ani muscle. The action of the sphincter and levator ani prevented its closure. The only means of relieving this difficulty perfectly is an operation in which the sphincter is divided, thus giving the parts rest.

*Operation.*—The patient being placed on his knees and elbows on a bed, and the nates being kept asunder by an assistant, the surgeon introduces his fore-finger into the rectum, and, at the same time, passes a flexible grooved director along the fistule into the rectum, and, with the assistance of the finger, the end within the bowel is brought out at the anus. Having raised the parts on the director, they are to be divided, which is done by running a bistory along the groove of the director. We give the patient a full anodyne to lock up the bowels, and, also, to relieve pain, and apply to the parts the warm water dressing, allowing the wound to heal from the bottom.

#### RANULA.

The patient, a man 24 years of age, had been troubled with a painless tumor under the tongue of six weeks' standing, and so large as to displace it very much, mechanically obstructing his speech. It consisted of an encysted tumor, called ranula, from its resemblance to a frog's belly under the tongue, caused by the obstruction of the ducts of the sublingual gland. The accumulated saliva forming the tumor, the more watery portions of which have escaped, leaving a ropy, jelly-like mass. The tumor was laid open, and a portion of its lining membrane was snipped off, allowing the contents to escape. The parts were then brushed over carefully with dilute tincture of iodine, with orders to have it applied again in two or three days, should it become necessary. The object of this procedure was to cause inflammation, with effusion of lymph, and, consequently, obliteration of the sac.

#### WRY NECK—OPERATION.

The patient was a young lady, 22 years of age, who had been suffering with contraction of

the sterno-cleido mastoid muscle of the right side for eleven years. It came on without any assignable cause, and an operation had been performed for the relief of the deformity about five years ago. The muscle was divided by passing a delicate tenotome under the skin, and immediately behind the muscle, then by a sawing motion it was severed with an audible snap, leaving an interval between the two divided ends. The head then resumed its natural position for the first time in eleven years. There will be no apparatus needed here, as in case of club-foot.

We will order the patient a grain of sulphate of morphia, and keep her quiet, and on light diet.

#### RHINOPLASTY.

The patient, a man of about 40 years of age, presented himself at the clinic, suffering with a loss of the substance of the nose, requiring for its relief an operation. Some twelve years since, by an accidental fall, he received an injury, by which the side and a portion of the nasal septum was destroyed. He has been in the College Hospital for a week, preparing for the operation. Professor Gross removed from the forehead sufficient integument for the formation of the new nose, and after freshening the edges of the cicatrix, united the two cut edges by the tongue and groove suture, as it is called, a procedure first brought into notice by Dr. Pancoast. The upper flap, being loosened from the forehead, was twisted upon itself, brought into its new position, and confined by sutures. A full dose of morphia was administered to ensure the patient's rest, and the wound was dressed with the warm water dressing. The result of the case will be reported at a subsequent period.

## Medical Societies.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

WEDNESDAY EVENING, OCTOBER 10th.

DR. ISAAC REMINGTON, President.

*Subject for Discussion:* Opium as a Therapeutic Agent.

(Continued from page 92.)

DR. COATES, after complimenting the scientific precision and gentlemanly courtesy of the experienced lecturer, in his very able and judicious discourse, could coincide very nearly in most, if not all, of the aphorisms which concluded the discourse.

He begged to make a few remarks of a personal nature. The doubts of the lecturer, with respect to danger from very large doses of opium, had recalled to Dr. Coates' mind sundry charges loudly made against himself, in regard to the use of that article in delirium tremens. He had been charged with depending on opium alone, with giving it, in large amounts, dose after dose, without limit or stint, and even "day after day," and with continuing to repeat that he had never known or heard of any harm from it, and that the patient must sleep or die; there was no alternative.

He was so unfortunate as to be the author, in 1824, of a memoir on the subject, which was published in the North American Medical and Surgical Journal. Gentlemen who would do him the honor of referring to that paper would easily find how unjust, up to that time, all these imputations were. It was necessary, however, to discuss two of the propositions just recited. One of these was the statement, that "the patient must sleep or die; there was no alternative." Reminding gentlemen that he was speaking of delirium tremens, and not, as had been justly distinguished by a member of this body from one of the prisons, of "*debauch*," he said that this proposition was, in one sense, and that a very fair one, literally true, no recovery taking place without sleep. In fact, this was inevitable. The patient was, in every instance of delirium tremens, excessively exhausted by loss of sleep, and by excessive and long-continued agitation. In such a case, a healthy person would feel an overpowering demand for sleep. How then could health return without it? It was a thing absolutely impossible.

Yet, Dr. Coates had found this phrase to act powerfully on the minds of young practitioners, on whom the care of cases of this disease, frequently so mortal, was continually thrown in hospitals, and feared that it might tend to promote an extravagant tone of judging cases. He believed that he could pledge himself in the most serious manner to the society that, during the long remainder of thirteen clinical services in the Pennsylvania Hospital, he, in every instance, absolutely, without exception, carefully refrained, either in this or in any other public way, from ever repeating it. He had, since 1824, positively *never* said so, either in lectures, or in public discussions.

Yet, so fixed was the imputation against him of continually inculcating this, that a physician of much reputation in this city, and now practising in New York, had actually sent him this phrase, as having been uttered by him on a day on which the gentleman alluded to had taken notes on one of his clinical lectures. Dr. Coates assured the society a third time that he had said no such thing. In fact, so violent had prejudice become, by constant repetition, that

more than half the notes were evidently written from imagination, and only the smaller amount were capable of being used.

With regard to the allegation that he had never known or heard of any harm from opium, given in the way he had recommended, there was certainly some small allowance due for the difference between 1824 and 1860! He had, since the former time, certainly both seen and heard of it.

Some of his friends had given more than he had. His belief was that he had never given more than 42 grains of opium during the whole case. [60 grains and 72 grains were given by practitioners of high standing.] He had thought the practice forced on him in the hospital, by having desperate cases left entirely to his own care and discretion, while still a very young man, and had believed that the practice was not conducted in clear and distinct views, different purposes in the treatment seeming to him to be vaguely mixed together, to the confusion of the treatment.

Any gentleman who would, as he had proposed, do him the honor to refer to his memoir would find that he used and recommended a great variety of remedies: assafetida, musk, ardent spirits, emetics, blisters to the head; and that he earnestly pressed on the practitioner that no very large dose of opium should ever be repeated without a visit of inspection paid between, to judge of its effects.

Success differed very much in different years. He had heard of a claim to have cured, with ardent spirits alone, something like 147 cases in 148. He had never had such success as this, unless for a short series of cases; but he would not undertake to deny it. Sutton had claimed to have recovered the whole of 70 cases; and Dr. Coates had defended Sutton's claim in the memoir alluded to. Dr. Coates did not refrain from stating that he had imputed moral censure in some instances. He was sensible that he had betrayed warmth when speaking of the above; but this was common when men found their professional characters attacked. He could assure the company that none of his warmth was felt towards any then present; and he did not believe it was so against any of their particular friends.

He considered ardent spirits less suited to the case, because their sleep-producing power was combined with violent stimulation. This, he believed, he had found in general not necessary, and only used them for the common indications of need of more arterial and nervous excitement. Dr. Wood's recent work included a case that had got well under alcohol in 14 days. He would append to it a recent one of his own, of desperate and long-continued debauch, practised with the avowed intention of producing suicide, which became perfectly and absolutely well, with the return of the natural appetites and healthy moral feelings, in *four* days, with

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very little medication. This included 17 drops of good wine of *Cannabis Indica*.

In acute rheumatism, he thought opium too universally recommended; and had found, on very careful trials, a number of cases that improved faster, and had less pain under the use of simple nitrate of potassa, than under that of Dover's powder.

He believed the gentleman who revised the Pharmacopœia to have committed a mistake in returning to the use of sulphate of potassa, instead of nitrate, in making Dover's powder. The nitrate was a very important and useful part of the formula.

He was impressed and pleased with the lecturer's remark on the necessity of occasionally intermitting the use of opium where required to be long continued, in order to let the patient recover his natural susceptibility to the drug, and to prevent its use from becoming habitual, uncertain, and extravagant in the dose. He had particularly found this needed in pulmonary consumption, and most frequently advised the patient only to use opiate cough mixtures when the cough was worse than common, or when sleep was desirable, and not to suffer it to become habitual.

Dr. CONDIE remarked, that notwithstanding the excellent account which had been given by Dr. Hamilton of the therapeutic properties of opium, so extensive was the ground covered by him, and so much had he entered into particulars, it was extremely difficult to follow him with any degree of closeness. The theme presented for discussion was in itself one as copious as it was important.

Of all the articles of the materia medica, the one we could the least easily dispense with was unquestionably opium. So many were the morbid conditions which called for its employment, and where, from the use of no other remedy could be anticipated the same prompt, certain, and beneficial effects: so many and varied were the therapeutic indications it was adapted to fulfill, that few, if any, diseases could occur in one or other of whose stages opium did not constitute a prominent and important remedy.

Most of the circumstances which contraindicate the employment of opium have been pointed out by Dr. H. in his opening remarks. He had not, however, Dr. Condie believed, included among those circumstances, the presence of congestion of the lungs. This, opium has always the tendency to increase.

A very strong temptation to the employment of opium in the leading affections of the lungs arises from the fact of its calming influence upon the frequent and harrassing cough by which most of these affections are attended. There is no doubt that, in nearly all of them, after the acute stage has passed, opium constitutes a valuable remedy. In moderate doses, combined with expectorants, it will be found, very generally, so far to relieve the violence

and frequency of the cough in bronchitis and pneumonia as to permit the patient to obtain some hours sleep. But we must beware of giving opium in large or repeated doses in the latter stage of acute bronchitis, or in cases of chronic bronchitis attended with a frequent severe cough, with but little expectoration. The free secretion, which takes place in the course of an attack of bronchial inflammation from the mucous membrane of the bronchi, is always a beneficial result to be promoted rather than retarded or prevented, and, at the same time, we are to recollect that it is by coughing that the secreted matters are to be expelled from the lungs, where their retention and accumulation would be the cause of serious inconvenience. Now, opium has the effect of diminishing or sometimes even arresting the secretion from the bronchial mucous membrane, and of suspending to a greater or less extent, the cough. The disease of the bronchi, and with it the difficulty of respiration, and the pectoral oppression, will, in consequence, be increased, whenever opium is improperly and inopportunistly administered in acute pulmonary diseases, partly from the increased congestion of the lining membrane of the bronchi, and partly from the accumulation of the fluids poured out from its surface within the air cells and respiratory passages. To so great a degree, in some cases, does the impediment to respiration arise from these causes, that the speedy death of the patient may even be the result.

Dr. Condie referred to the case of a distinguished clergyman of the Methodist Church, who had been laboring under chronic bronchitis for upwards of a year, when he came under his care. He had become greatly emaciated and feeble, and was deprived of sleep at night by an incessant painful cough, attended by a very copious expectoration. Not improving as rapidly as he had anticipated, he was induced by the flattering representations of an ignorant charlatan to take his medicine, which, he assured him, had been found in every instance where it had been used, in cases of consumption similar to his, to stop the cough promptly and effectually. The reverend gentleman commenced the use of the article on Saturday; he slept tolerably well, and coughed but little during the night; he concluded, therefore, that he was greatly benefited. On Sunday morning, contrary to the remonstrances of his family, who saw the increased oppression and difficulty of breathing under which he labored, he insisted upon attending church and preaching. After laboring with difficulty through the services of the desk, he was conveyed home from church, and went at once to bed. He died in the course of the night of apnœa, caused, as Dr. Condie was well convinced, by the action upon the bronchial secretion and the cough, of the opium which formed the active ingredient in the "pulmonic elixir," by which his cure was to have been effected.

From the effect which opium has in diminishing the discharges from the mucous membranes in health and disease, Dr. Condie remarked, it may be advantageously resorted to in the profuse effusions into the bronchial canals we occasionally meet with. In such cases, when judiciously employed, in conjunction with other remedies, it will always be found to give great relief, and to aid very effectually in effecting a cure.

Dr. Hamilton, if Dr. Condie had correctly understood him, believed that opium was less injurious when administered in the ailments of children than it is generally supposed to be, and that it was adapted to a much greater extent for the relief of their diseases than would be judged to be the case from the practice of the generality of contemporary physicians. This estimate is by no means, however, confirmed by the result of Dr. Condie's experience. He had always found that opiates were very illy tolerated by young children even in those ailments in which their use had seemed to be the most positively indicated. He had known very minute doses—the sixteenth of a grain of Dover's powder, for instance—a combination of opium that is generally believed to agree the best with children—to produce in an infant, two years old, excessive narcotism, causing the little patient to remain in an almost comatose condition, in one instance, over forty-eight hours. But, Dr. Condie observed, it is not always thus that are exhibited the bad effects of opium upon the organism of the infant. When given in small doses daily for a long period, as is often done by ignorant or inconsiderate parents to relieve the colicky attacks with which children are so liable to be troubled, or to keep them quiet while the mother pursues her domestic occupations, opium acts somewhat in the same manner as the habitual indulgence in intoxicating drinks does upon the adult, checking the proper nutrition of the infant's body, and rendering it pale and emaciated, and, when awake, dull and peevish; its countenance assumes a withered, discolored aspect, and a sour, suffering look, like that of an ill-tempered superannuated man or woman.

Dr. Hamilton believes that, when opium is administered by the rectum, its effects upon the system are not so promptly exhibited, and by no means to the same extent, as when given by the mouth; and that, consequently, it may be employed as an injection or suppository more boldly and in far larger doses than when it is introduced directly into the stomach. Dr. Condie believed this to be a very dangerous mistake. His experience had very fully sustained the statement of several of the continental therapeutists that the effects of opium, in the same doses, were equal, whether administered by the mouth or rectum. In some instances, a very moderate quantity of opium introduced per anum, he had known to produce intense narcotism. When, however, opium has been given

by enema, combined with some oleaginous substance, as, for instance, with melted butter—a favorite prescription of the late Dr. Chapman in the dysentery and other painful bowel affections of children—its effects are exhibited to a much less extent than when injected in combination with mucilage, or introduced in substance.

Dr. Hamilton had considered the employment of opiates, in the case of children, to be strongly indicated, from the fact of the greater activity of the nervous system in them, and in predominating influence in the production of phenomena, and course of their diseases. Dr. Condie had supposed it to be universally conceded that, during infancy and childhood, it was chiefly the blood-making and nutritive systems that were most prominently active, and that the most frequent ailments at those periods of existence were those of digestion and nutrition. The ganglionic system of nerves, it is true, are then especially active and prone to derangements of various kinds. The nervous symptoms, by which the diseases of infancy and early childhood are often attended, are most generally secondary phenomena, the result of reflex action. Let this be as it may, opium, while it furnishes us with our very best remedy for allaying pain and quieting certain states of nervous excitement and irritation, had not been found, Dr. Condie believed, a very potent agent for the prevention of, or allaying convulsive action. It has been recommended, it is true, in tetanus, chorea, epilepsy, the eclampsia of puerperal females, and in the convulsions of children, upon very high authority. The results of its employment in the first four of these affections had not been, so far as Dr. Condie had ascertained, such as to recommend it very strongly to our confidence. In the general run of cases of convulsions in children, he would as soon think of administering opium to quell them as he would of resorting to active depletion by the lancet to cut short a case of typhoid fever. There are certainly many cases, Dr. Condie remarked, in which, after the convulsive paroxysms had been subdued by appropriate measures, moderate doses of opium, administered by the mouth or as an injection, may prove highly beneficial. By quieting the undue excitability which remains, it may even aid materially in preventing a return of the convulsive movements.

Dr. Hamilton would appear to place a very low estimate upon opium as a remedy in cases of epidemic, malignant, or spasmodic cholera. Dr. Condie, on the other hand, considered it to be one of the most essential and efficient of our means for the control of this formidable disease. His opportunities for the study of it, and for testing the influence upon the mortality attendant upon it under different plans of treatment, had been ample, he having served as chief physician to a large cholera hospital during its several epidemic visitations to

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city. The result of his experience had convinced him that it is utterly useless to depend for the cure of epidemic, or spasmodic cholera, upon any plan of treatment in which opium does not hold a prominent place. In a paper that appeared in one of the continental medical journals shortly after the epidemic of 1849, "On the Treatment of Cholera," it is very clearly proved, by a statistical exhibit of the results of various plans of treatment drawn from a number of reliable sources, that the percentage of recoveries had always been decidedly in favor of those plans in which opium entered as a prominent remedy. The same thing Dr. Condie considered was shown very satisfactorily by the facts contained in the report on practical medicine and epidemics, read before the American Medical Association by Dr. J. K. Mitchell, at the session of 1850. It may, perhaps, be objected, as he had known it to be to a series of statistics presented to another body by a gentleman holding, at the time, a professorship in one of our medical schools, that in the statistics in question were included a large number of cases that were not strictly those of spasmodic cholera—they being unwilling to consider any attack as one of that disease which was not characterized by a cold, livid tongue and surface, shivered extremities, or slow, thready, or scarcely-perceptible pulse, extinct voice, etc. If these persons are correct, then Dr. Condie was willing to admit that little, if any, dependence was to be placed in the efficacy of opium in the treatment of cholera. But, if it be correct to say that to those physicians who had almost invariably succeeded in preventing the occurrence of this condition of collapse, by arresting the disease in its first or second stages, is to be ascribed the largest amount of success in the cure of cholera, then is the truth of the position to be also admitted that opium is the most efficient remedy for the disease, inasmuch as it will be found, upon a candid investigation of all the facts upon record, that it was mainly to an early and judicious resort to opium, in conjunction with astringents, their success is to be attributed.

Dr. Condie was of opinion that, in the opening remarks of Dr. H., he might have urged even more strongly than he did, the important remedial influence exercised by opium in all inflammatory affections, after the first acute stage had been overcome. This influence is not evinced simply in the inflammatory affections of the mucous membrane, but to an equal degree in those also of the serous membranes generally.

Dr. Hamilton referred to the curative power exercised by opium in puerperal peritonitis. If by the latter name he had intended to indicate true puerperal fever, Dr. Condie stated that he would be obliged to ascertain the extent to differ in opinion from him. In his estimation, true puerperal fever was something more than merely a severe febrile excitement,

the result of inflammation of the peritoneum, or of the womb and its appendages, while in its treatment he did not esteem opium a prominent remedy. In simple acute peritonitis, whether occurring during or out of the puerperal state, opium he admitted to be an all-important remedy, after direct depletion had been carried to a proper extent.

It had been his desire, Dr. Condie observed, to inquire into the remedial value of opium in certain morbid states of the human organism to which Dr. Hamilton had not at all, or only cursorily, alluded, but having already occupied the attention of the society for, perhaps, too long a period, he would here close with the general remark that the nature of opium, as a therapeutic agent, does not consist simply in its property of allaying pain, of calming nervous irritation, and of procuring sleep. Important as is the aid it furnishes in the successful management of disease, by virtue of these properties, it possesses, in addition to them, others of a directly curative character, and which alone would command for it a very high rank upon the list of the *materia medica*.

Dr. HAMILTON said he had, perhaps, not read the paper presented distinctly, or loud enough to be at all times understood. In reply to what had been said by the gentleman who last occupied the floor, of the danger attending the use of opium in the diseases of children, he would observe that *reiterated cautions* were given in regard—to the necessity of attending to the contraindications in the use of opium in general, and especially in the cases of children—to a strict observance of its effects, and where the indications are not clear, to the propriety of its suspension or non-employment. Further than this he did not see the necessity of going. In reference to the benefit to be derived from the action of injections containing laudanum, in the convulsions occurring so often in children, as the consequence of intestinal or dental irritation, and to which exception has been made, his own experience was quite satisfactory. About ten years ago, the late Dr. Gavin Watson transferred to the care of Dr. H., a child, not quite a year old, affected with convulsions, apparently caused by dentition. Eight attacks had occurred, when Dr. W. was unable longer to attend. Ten or twelve other attacks ensued whilst the case was in charge of Dr. H. The usual remedial measures having proven ineffectual, and the mother of the child remarking that the attacks did not vary more than five minutes in intervals of about half an hour, it was determined to try the effect of an injection of starch, containing ten drops of laudanum. This course was predicated upon the probable purely nervous origin of the convulsive movements, as shown in the regular periods of return. *No convulsion took place after this injection.* From that time to the present, it was the custom of Dr. H., after giving proper attention to the condition of the gums, the stomach, and

bowels, and the vascular system, to depend much in these cases upon the sedative and antispasmodic power of opium. Such attacks, in children not yet weaned, are probably due, in most cases, to dental irritation, and this view seems strengthened, upon calling to mind that a similar condition occurs in the animal creation, as is seen in the convulsive attacks of dogs and kittens, occurring during the progress of dentition. The indication, in these cases, is to subdue irritation, and when this is accomplished, the sudden starting of the child, and the twitching of tendons (premonitory of other probable attacks) so often seen in children, disappear, and the danger of recurring attacks is of course further removed.

THE PRESIDENT, DR. REMINGTON, (having called Dr. Nebinger to the chair,) said: That one great objection to the employment of opium in treating the diseases of children, was the impairment of the tone of the digestive organs, and its decided tendencies to the brain. The mischievous results of this practice are often observed where opiates, in the shape of some popular nostrum, or anodyne drops, are habitually resorted to, to keep the child from crying during the mother's absence.

He related a case of cholera infantum occurring in the winter season, induced by the long-continued, habitual use of laudanum, given to relieve colic, and to procure sleep while the mother was absent from home, occupied with other duties. The opiate was interdicted, and, under good diet and appropriate treatment, the child rapidly recovered.

The indiscriminate use of this article in diseases of children is highly pernicious, and even hazardous to life, by causing convulsions, constipated bowels and determinations to the brain. Although it is argued that as their brain and nervous system are more largely developed than in adults, they necessarily suffer more intensely from pain, and hence the greater necessity for opiates. In cases of extreme anguish and suffering from strangury and irritable bladder, as produced by blisters, he regards an enema, composed of one teaspoonful of laudanum in a little flaxseed mucilage, as a highly efficient and almost infallible remedy. In purely nervous pain and irritability, unattended with fever or inflammation, it is indispensable. He has employed it extensively, conjoined with alcoholic stimuli, in the treatment of mania-a-potu, and in some cases pushed it to the extent of 5 or 6 grs. every hour for 6 or 8 hours, but not always with a happy result in these large doses. To relieve the tormina and tenesmus attendant on dysentery, it is particularly useful.

Dr. DARRACH remarked, that, with other merits, the paper of Dr. Hamilton was very suggestive.

One of its suggestions was the combinations of opium. Efficient as is the separate agency of this important medicine, the utility of it is greatly increased by its combination with cin-

chona and its salts; the salts and oxide of antimony; the oxides and salts of mercury; and with camphor, ipecacuanha, and other first class agents.

In regard to the first of them, he remarked, that although Sydenham and Morton had restored the use of Loxa bark by better timing its administration, yet Talbot, by combining it with opium so augmented its power, that he, an empirick, became the preferred practitioner throughout England and France. The combination, said Dr. D., is supported by the sensor-motor doctrine of Bell and Hale, and has been confirmed by his own practice.

He has also very advantageously combined the antiperiodic and sedative in the early morning apyrexia of epidemics. During it, the thirtieth of a grain of sulphate of morphia, with two grains of sulphate of quinia, administered hourly, will not only most happily co-operate with the then tendency to sleep, but also, by augmenting the efficiency of the quinia, weakens and shortens subsequent exacerbations, prevents degeneration of blood, and secures a favorable crisis.

In respect to antimony, the most admirable and valuable combination is its oxide and sulphate of morphia, with phosphate of lime. Opium, as we know, aggravates the severe evening exacerbation, but the above relaxes, thereby allows sleep, and consequently sustains strength, and prepares the system for the tonic in the coming apyrexia. He regards this, therefore, an improvement in the therapeutics of epidemics.

Opium with camphor is essentially the paregoric elixir of the nursery and the efficient remedy in afterpains. In cholera, each is beneficial, but more so in combination; and if calomel be added, a triple agent of greatly increased power is made.

Calomel and opium, after the use of blood-letting and antimony, is the reliable practice in the abdominal phlegmasie—membranous and parenchymal—enteritis especially could not be subdued without it.

Opium with ipecacuanha is another most efficient combination. The latter, by its revulsive action on the stomach, duodenum, and liver, abates the dysenteric action on the colon, and by its centrifugal tendency, revives the endermic functions, and thus becomes the specific in dysentery. But, subsequently, by union with opium, tormina and tenismus are quickly relieved; and more recently by the addition of calomel, which removes the congestion of the portal system and re-establishes the formation of bile, a pill is formed of cal. ipecac. and opium which, with moist application of a mild sinapism to the abdomen and diet of farinaceous fluids, constitutes the treatment of this distressing and too fatal disease. To these cardinal combinations of opium may be added the Dover's powder, and others, which need no comment.

Other suggestions of the paper relate to the

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administration of opium to the stomach, rectum, skin, and binding tissue. He had been advantageously taught at the Hotel de Dieu, by Dupuytren, that the rectum was to be preferred to the stomach, and that it was not necessary to augment the dose. Dr. D. regarded the most direct action of opium to be upon the ganglion system, of which he regarded the *prima viæ*, the esodic surface; and that the soporific influence is on perception by reflex action on the sensorium; but that when opium is directly applied to the skin or cellular tissue beneath, the action is direct on the sensorium.

With these views, he has consequently avoided the use of opium by the stomach as much as possible.

Dr. THOMAS said that he regretted that the lateness of the hour would prevent a fuller discussion of this important matter. Among other points, he would like to learn the views of the members with reference to the relative quantities of opium required to produce the same effect, when administered by the skin, by the mouth, and by the rectum. Also, the comparative value of opium and the salts of morphia. And also, the propriety of administering or withholding either in diseases of the brain. These important subjects merit more than a passing consideration. It is true the gentleman who made the opening address has adopted the views of Trousseau, who declares the salts of morphia to be more prompt in their action upon the nervous system, and more decided in effect when introduced by the skin than if given by the mouth, the dose being the same. As this conclusion is contrary to the evidence of numerous observers, and opposed to the teaching of the bedside, Dr. T. could not adopt it. Nor was he prepared to coincide with the practice of Dr. C., who spoke of his habit of administering a tea-spoonful of laudanum as an injection, when he was desirous of producing an anodyne influence, and circumstances forbade its exhibition by the mouth. With every allowance for the difference in the strength of commercial opium, and as a consequence of its preparations, this dose being five to six times greater than what is ordinarily considered as the proper quantity of laudanum by the mouth, must be regarded as excessive. He has repeatedly witnessed a more decided soporific effect from an injection of forty-five drops of laudanum, than from twenty-five drops, or one grain of solid opium taken internally. He had cognizance of a case of fatal stupor occurring immediately after an enema of a table-spoonful of the tincture; but whether death was coincident from the disease, whose chief manifestation was in the form of wakefulness and nervous excitement, or whether from the remedy, must ever remain undetermined.

With reference to the relative merits of opium and the salts of morphia, he merely asked attention to the fact that the manufacturing chemists are satisfied with a yield of eight per

cent. of morphia from the opium subjected to examination. Hence if this alkaloid be the sole active agent in the drug, one grain of it should equal, in efficiency, twelve and a half grains of crude opium. But as we all know that one grain of morphia, or of any of its salts, is not stronger than five or six grains of opium, the inference is obvious, that other principles endowed with activity must be present, and, consequently, the alkaloid mentioned cannot represent the entire virtues of the drug.

As regards the employment of opiates in diseases of the brain, whether idiopathic or the result of injury, Dr. T. was inclined to question the propriety of withholding them, under a fear of increasing excitement from their supposed stimulant effect. Names sometimes mislead us. The stimulation of opium in full doses is but transient, and is followed by direct, positive, and enduring sedation, which latter effect is often specially indicated in the treatment of the diseases in question. Hospital cases occasionally furnish striking confirmations of this fact, and allusion was made particularly to three cases of injury to the brain, recently under his care, in each of which blood was discharged from one or both ears, and in two the tympanic membranes were burst, with other evidences of alarming lesions from external violence. After the primary reaction had subsided in all of these patients, one-fourth of a grain of morphia, combined with three grains of extract of conium, was given every three hours for several days, with the most satisfactory result. No approach to coma was manifested, the pulse continued slow and regular, the mind and body both remained quiescent, and no appearance of delirium occurred. In due time, all recovered, the result being due, in great measure, as he believed, to the perfect rest enjoined upon the brain.

In idiopathic disease of this organ, he does not hesitate to use the same remedies, premising depletion, and combining them with the mercurials.

Dr. MORRIS remarked that he had hoped to-night to hear in the discussion of the therapeutic influences of opium, the views of the members with regard to the *modus operandi* of the drug, rather than the statement of the different diseases in which it might be useful. This subject, it seemed to him, might be discussed with great practical advantage, as tending to settle the much-disputed point of the stimulant or sedative qualities possessed by it. He advanced the hypothesis that opium acts directly only upon nerve-centres of sensation, producing in them a more or less complete paralysis. If we apply a solution of opium to a sentient surface, we produce in it a more or less complete local anæsthesia. If we administer it in moderately large doses this anæsthesia becomes general. No increase or diminution of motor power is observed. At first the pulse is quickened, but soon it becomes full and slow. As the narcotic influence increases, the respiration becomes evi-

dently impeded; the movements of the chest become less frequent; the aeration of the blood takes place imperfectly; the numbing influence has extended to the respiratory centres of the medulla oblongata, so that the *besoin de respirer* is no longer perceived. If this effect goes on to increase, the respiration becomes slower and slower; carbonized blood accumulates in the venous and capillary systems, engorging the brain, the lungs, liver, and heart; finally, death ensues by asphyxia. Can we fairly place this engorgement to the primary action of the drug? or is it not rather due to the depraved condition of the blood, brought about by the insensibility of the nervous-centres?

Then, again, as to the uses of opium in disease. Pain is one of the greatest exhausters of nerve-force, if not the greatest, known to us. Now, by obtunding the sensibility of the nerve-centres, we may, in many cases, prevent the undue expenditure of the powers of our patients, thus allowing these husbanded powers to be usefully applied by nature in the restoration of diseased parts. On this principle, and this alone, is to be explained the so-called alternative influence of opium in cases of chronic inflammation. Mr. Skey has called the attention of the profession to the advantage to be derived from the nightly administration of opium in cases of chronic ulcer of the leg. If we suppose that an irritation is produced by the sore, in the posterior gray matter of the spinal cord, from which an influence is sent by the anterior root dilating the blood-vessels of the part, as seems to be proved by recent researches, we can easily comprehend that an agent capable of allaying the irritability of the nerve-centre, will allow of the restoration of the natural calibre of the blood-vessels, and the consequent amelioration of the patient.

Adjourned.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### MILK SECRETED BY TUMORS IN THE AXILLA.

Dr. J. Harris reports, in the *Savannah Jour. of Med.*, the case of a healthy negro woman, aged 28 years, who, shortly after the birth of her third and fourth children, experienced large swellings in the axilla, which continued without interference during lactation.

The same swellings occurred after the birth of her sixth child on the appearance of the milk in the mammary glands, and with a similar sensation. During the period of this lactation the tumors were tapped, and a pint of fluid, having all the physical and chemical characteristics of milk, was evacuated. The fluid, when first examined, had an acid reaction. Under the microscope the *fat globules of milk* were appa-

rent, and scattered through the field of view appeared the very characteristic *colostrum corpuscles*, conglomerates of fine fatty molecules, aggregated by means of a hyaline substance scarcely perceptible. No pus corpuscles were found, and, by chemical examination, the absence of pus was confirmed. Chemical examination proved the existence of all the constituents of colostrum and milk.

## REVIEWS AND BOOK NOTICES.

OBSERVATIONS UPON THE FORM OF THE OCCIPUT IN THE VARIOUS RACES OF MEN.—By J. AITKEN MEIGS, M. D., *Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, etc. etc.*

Prof. Meigs has devoted much study to Craniology, and as the results of his labors we have an elaborate and highly interesting paper, of the above title, read before the Academy of Natural Sciences of Philadelphia, and published in its proceedings. The conclusions arrived at by Prof. Meigs, we give in extenso, because, undoubtedly, they will prove interesting to many of our readers.

"1. That the form of the human occiput is not constant. On the contrary, it varies continually in the different races and tribes of men. It varies, also, to a greater or less extent among the individuals of the same race or tribe.

"2. That the different occipital forms may be divided into five classes or groups, which are reducible, however, to three. These are, 1st. The protuberant or prominent occiput, with the upper or parietal half somewhat flattened, so as to present an inclined or shelving appearance. 2d. The vertically flattened. 3d. The inferiorly flattened or compressed, in which the basal portion of the occiput slants upwards and backwards, as is shown in a strongly marked degree, in the Sandwich Islander head, fig. 69, on page 340 of "Indigenous Races of the Earth." 4th. The round. And 5th. The globular. As the last two merge more or less into each other, and as the third form may be regarded as, in many instances, a modification of the second, these five forms may, with greater simplicity, be thrown into three groups, viz:—1st. The prominent and oval, or superiorly inclined. 2d. The perpendicularly flattened. And 3d. The more or less round or globular.

"3. That to the first of these groups belong the Norwegians, Swedes, and some other Scandinavians; the Frisians and Batavians,\* among the low Germans; the Anglo-Saxons and Anglo-Americans, the form of the occiput in these being between that of the Swedes and Germans;

\* See Catalogus Craniorum diversarum Gentium quæ collegit J. Van der Hoeven, p. 14.

the Celtic Irish, and some of the tribes of the ancient Britons; the Phœnicians, Circassians, Armenians, Affghans, Baluchi; some of the Egyptians and Arabs, the Fellahs, Abyssinians, and Guanchés of the Canary Isles; some of the Hindoos and Chinese; the Loo-Chooans, certain Malays; the Eskimos, Kamskatkans, Reindeer Tungus, Icelanders, Tchuktschi, Unalaschians, some of the Kanakas, Tahitians, and others of the Sandwich Islands, Marquesans, of Nukahivah, New Zealanders, Feejeans, and most of the African tribes. Among the aboriginal Americans, this form is exhibited by the Arickarees, Assinaboins, Cherokees, Chippeways; some of the Kootenays, Creeks and Dacotas; by the Hurons, and probably the Illinois; by some of the Iroquois and most of the Lenapes; by the Mandans, Minetaris, Menominees, Miamis, Mohawks, and most of the Narragansetts, the Naticks, some of the Osages, Ottawatomies, Pawnees, and Sauks; by most of the Seminoles, by the Shawnees, Shoshone, Upearookas, Californians, Cayugas, Cheyennes, Choctaws, Massasaugas, Mingos, Naumkeags, Mayas of Central America; by some of the Araucanians, the Charibs, Patagonians, Brazilians, Aymaras, and by some of the Ancient Mound Builders, Peruvians, and Mexicans.

"In the kumbecephalic variety of skulls, this form of occiput is often very much exaggerated, as is seen in certain ancient Cimbric, Ostrogoth, and Burgundian heads; in some Egyptians and Celtic Irish, and in one Creek Indian skull.

"4. That of the second form of occiput, or that in which the hind-head is more or less vertically flattened, we find examples in some of the ancient inhabitants of Scandinavia; the Lapps, Samoiedes, Iberians, or Basques of the Pyrenees; the Ancient Pelasgi; Cossacks, Hungarians, Candaharians, some Arabs; one Chinese, the Siamese, some Malays and Javanese; certain tribes of the Transgangetic, or Indo-Chinese Peninsula, and occasionally among the Tahitians. To this group belong, also, the skulls of Chetimache, Natchez, Otoc, Kenehawha, Oneida, Seneca, and Puelche Indians; likewise a portion of the Kootenays, Lenapes, Miamis, Osages, Ottawas, Pottawatomies, Shoshones, Araucanians, Peruvians, and the majority of the Mound Builders.

"Examples of the inferiorly flattened modification of, or deviation from this type, are found in some of the Malays, Polynesians, &c.

"5. That the third form, in which the occiput is full and rounded, or globular, comprises the Danes, Finns, Esthonians; the short-headed Germans, whose crania, in general conformation, occupy a place between those of the Swedes and Finns; the Dutch, some tribes of the ancient Britons; the Slaves, Turks, Greeks, Romans, Etruscans, Persians, ancient Assyrians, some of the Egyptians, Hebrews, Copts, Hindoos; some of the Chinese, Japanese, Burmese, Malays; the Kalmucks, Burats, and some of

the Kanakas. To this group belong, of the American Indians, the Ottigamies, Penobscots, Winnebagos, Ymasees, Chemasyans, Eucheas, Nanticokes, Pocassets, Quinipiacks, or Mohegans, and a portion of the Cheyennes, Creeks, Dacotas, Iroquois, Narragansets, Pawnees, Pottawotimies, Sauks, Seminoles, Araucanians, Peruvians, and Mound Builders.

"6. That the shelving or oval form of the occiput is most common in the doichocephalic heads, and as these predominate in number over the brachycephalic, it is the most common form of all. Next comes the round or globular, and lastly the vertically flat—both these forms prevailing in the brachycephalæ.

"7. That there is a marked tendency of these forms to graduate into each other, more or less insensibly. None of these forms can be said to belong exclusively to any race or tribe. None of them, therefore, can be regarded as strictly typical, for, a character or form, to be truly typical, should be exclusive and constant."

THE POCKET ANATOMIST: BEING A COMPLETE DESCRIPTION OF THE ANATOMY OF THE HUMAN BODY, FOR THE USE OF STUDENTS. By M. W. HILLES, formerly Lecturer on Anatomy and Physiology at the Westminster Hospital School of Medicine, &c. Philadelphia: LINDSAY & BLAKISTON, 1860.

Little books have always been popular with students. The idea of saving time by grasping in a brief space a subject, without laboring through a detail of the matter, seems to be a delightful illusion to the tyro. The science of anatomy presented in a brochure, which may be carried in the breeches pocket, seems much less formidable to him than when spread out through ponderous volumes. Still, we believe, that the demand for such compends by students is sufficient evidence of their practical usefulness, and that if kept to their proper uses, for ready reference and as remembrances always at hand, their utility cannot be questioned.

Anatomy being that department which most taxes the memory of the student, such a remembrancer as the present may be a valuable aid to beginners.

The compiler of it is well known as a writer and an anatomist, and his work on regional anatomy, also, an abridgement, is really a very excellent work.

The work is exceedingly condensed, yet as explicit as could be accomplished in the limited space.

EXPERIENCE fully warrants the inference that mercury is a general stimulant to all those functions of organic life which are performed under the innervation of the ganglia of the sympathetic system. It is probable that its action is upon these ganglia. Thus, mercury tends to diffuse and equalize secretion, and the circulation of the blood, aiding, in this way, to break up local congestions and inflammations.—*Hartshorne's Medical Principles.*

## THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 3, 1860.

## WHAT IS OUR DUTY?

It is but a few days ago that a physician in active practice, in a city between Philadelphia and New York, told us that he was called a short time since to see a woman in labor, and bring along his forceps, as the midwife in attendance had pronounced the head "locked." He went, and upon his arrival at the patient's house found a "Doctor"—one who goes by that name, but in reality an ignorant barber—and a midwife, in attendance, who both assured him that the patient had been in labor for three days, with the head "locked." On examination, it was found that the woman was not pregnant at all, and that the "locked head" of the fetus was simply a somewhat hardened os uteri. It was only because the barber-quack in this instance had no suitable forceps that he did not "deliver." What injury he might have done, had he been in possession of forceps, whether the woman would have had her uterus literally torn out of her body, or might have escaped with half a dozen recto- and vesico-vaginal fistulas, is impossible to tell.

In another instance, "a plaster-quack," who afterwards was honored by the diploma of a regular medical college, treated a case of dislocated jaws, and another of dislocated shoulder, by putting his universal healing salve over the respective parts, saying that it would draw the bones in their places.

We have chosen two of the most striking examples of this kind, which could easily be multiplied by hundreds, and which happen all over the country, as a text for some remarks upon the duties of the medical profession in preventing the people from becoming the victims of the miserable pretenders who infest our cities and towns from one end of the Union to the other.

In speaking, however, of the duty of the profession in view of the dangers which arise to the public health from the unlimited sway which these pretenders have, and in view of the laxity with which the laws are executed, where laws

exist, preventing the ignorant quack from meddling with the life and health of the community, at the outset we are often met with the objection, that the profession is liable to the charge of engaging in a personal warfare with these pretenders. Indeed, not only among ignorant fools without, but within our ranks, among those who are timid beyond all forbearance, we hear the cry of *persecution*, PERSECUTION! as soon as an effort is made to bring the criminal recklessness or mean cupidity of quacks either before the bars of justice or the forum of public opinion.

A noteworthy example of this kind, and one which it is our duty as journalists to mention, because it illustrates the sentiment pervading, to a slight extent we hope, the profession, happened within a short time in a county medical society of a neighboring State. The facts of the case are simple. There are members of that society who are engaged in the drug-business and the sale of quack medicines and nostrums. Efforts had been made for years to rid the society of members who thus openly violated the code under which they were members, under which they sent delegates to the State Medical Society and to the American Medical Association. The matter, after being dragged through several meetings, came up for a final decision, and resolutions, declaring that hereafter no one engaged in the traffic of quack medicines should be admitted, were voted down.

It is not our purpose to go behind the vote and the facts in the case. This society cannot hereafter consistently send delegates to the American Medical Association, or its delegates be received by that body, whose code they have deliberately annulled by a formal vote. And yet we do not accuse the society nor any of its members of being advocates of the traffic, with the exception of those who are directly concerned in it. We refer to the matter to show how, with the best motives, men may be misguided by too much timidity, and do injustice to themselves.

The public will never come to look upon quackery intelligently, unless the profession cut off all alliance with it in every shape, way, or

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manner. To this end it is necessary that the American Medical Association should keep a strict watch upon its constituents, and as soon as that body shall have created its own standard of medical education and respectability, necessary for admission as a member, and its membership be expressed in some formal title, the confusion of "Doctors," at present so disastrous to the true interests of the profession, will cease to reign. The profession is waking up to the necessity of this step first advocated in the *REPORTER*, and adopted by the oldest medical society in the United States, and we are convinced the day will not be far off when the title of "Doctor" will be supplanted by one more honorable and less questionable than the former in the present confusion, and originating from a better source than it often does now; and, to contribute to this end, we consider the duty of every member of the profession who takes interest in its welfare.

#### THE PHILADELPHIA HOSPITAL.

We observe that the clinics at this hospital are well attended. There is ample material here for a very thorough course of clinical instruction, and we doubt not that the able physicians, and surgeons, on whom devolve the duty of lecturing to the class, will give a course that will be creditable to themselves, and the institution, and profitable to the large class in attendance.

Dr. Agnew has been appointed curator of the Pathological Museum lately established in connection with the hospital. He will have opportunities, which he will gladly avail himself of, to do much to advance the interests of pathological science.

There is, also, a very valuable library connected with this hospital, containing several thousand volumes, many of which have been carefully studied by some of the brightest lights that now adorn our profession in this country. During the dark ages, from which this institution has lately happily emerged, this library was almost totally neglected. With the exception of one or two years, the annual appropriation made to replenish the library and keep it

in order, has, for many years been diverted into other channels, and it has consequently fallen behind-hand in regard to a supply of modern works on medical science. We are glad, however, to learn that the present librarian is endeavoring to make up these deficiencies, and hope that this valuable library will re-assume the rank which it once held. We commend it to the notice of our readers, and hope that they will, as opportunity offers, contribute to its collection surplus volumes from their own shelves.

#### MORTALITY STATISTICS.

In St. Louis, for the week ending Oct. 20th, twenty deaths are recorded as having occurred from diphtheria, out of the whole number of 113. This gives a little over 17 per cent., and coincides with reports which have reached us otherwise, of the fearful severity with which the disease is spreading in some parts of the Western States, especially Illinois and Missouri. In New York and Philadelphia, the mortality reports show a decrease in this disease, and an increase of scarlatina for the last few weeks.

Among the deaths in Charleston is included one which, in the report sent us, is termed a "visitation of God." We have been unable to discover this in any of our nosological systems, and were hence obliged to throw it among the unknown causes.

#### SPIRIT OF THE MEDICAL PRESS.

The leader in the London *Lancet* of October 13th is devoted to a consideration of the adulteration act and its results, from which it appears that the act has achieved something in the way of rendering adulterations in food and drink less frequent than formerly, though the government officials appear to look upon it rather in the light of a measure of revenue, than as a sanitary measure. Hopes are entertained, however, that the medical officers of health will gradually extend its influence so as to render it still more effective for the protection of the public.

The same journal comments upon the medical management of the Insane Department of

the Melbourne General Hospital. It seems that a committee was appointed to investigate the management of the institution. We are informed, says the *Lancet*, Dr. McCrea insisted that in former years the patients died from "plethora," or, at any rate, that they had more food than was good for them. Dr. Bowie, on the other hand, maintained that the inmates are now suffering from the effects of starvation. It seems that Drs. McCrea and Bowie have been engaged in discussing their difference of opinion in the public prints, and illustrated what a Melbourne paper calls their "well-known incompatibility of temper." A compromise was, however, finally made, and there is no longer danger of the patients being fed up to apoplexy or down to starvation.

### Correspondence.

#### EUROPEAN CORRESPONDENCE.

Gas-Leakage in London—St. Bartholomew's Hospital—The Operating Room—Uncomfortable Arrangements.

London, Friday, Oct. 12, 1860.

*Editors of Medical and Surgical Reporter :*

GENTLEMEN:—In looking over your journal a few weeks ago, I noticed an observation on the London gas, which referred to its bad odor. To this I can bear witness; indeed, at the present moment, the room where I am writing is rendered extremely disagreeable by it. I notice it even now, after having been in it for some time; but, in entering from the fresh air, it seems almost insupportable.

I have improved my brief sojourn in London, this time, by a visit to St. Bartholomew's Hospital, that oldest and richest, as well as largest, of all the London hospitals. It is situated near St. Paul's Cathedral, in the very centre of the city, and it is by the improvement and immense rise in value of the ground, belonging to it, that it enjoys its present wealth.

There are three entrances to the hospital, between which are houses not belonging to it, for the buildings composing it are mostly at a little distance from the street, and I suppose they consider the value of land as too great, to warrant them in wasting any space. I had a little difficulty at first in getting admission, as I went unprovided with any letter of introduction. At the first gate the porter absolutely refused me admission; but at last, on my showing him my card and asking him to let me see some of the surgeons or physicians, he referred me to an-

other one of the three entrances. At this entrance I was sent back to the first; but on my way back, seeing a large carriage way leading into the centre of the buildings, I attempted entrance by it, and found nobody to stand in my way. One of the officials, standing near, pointed out to me the way to the museum, and also that to the lecture-rooms.

In the museum I saw a very fine collection, illustrative of the materia medica—the finest, by far, that I have seen yet in Great Britain; it appeared to be very complete.

The operating theatre had no seats, being in that respect like that of Guy's Hospital, which I have already described. The students all stand during the operations, being able to rest themselves a little by leaning against an iron railing, which is in front of every high step.

Although my visit was not paid on the regular operating day, yet I witnessed an operation, viz: the amputation of a cancerous mammary gland in a woman of apparently about 60 years. The operator was Mr. Lloyd.

In three places on the walls of the small room in which the operation took place, I observed, printed in large capitals, the most strict injunctions to preserve silence—injunctions which were followed, as far as I observed, by but one person in the room, and that one was the operator, who did not open his lips to give the least information about the case or the operation. A dozen or two students attended the operation, and departed immediately after it was over without waiting to see the dressing. I thought, probably, that the reason nothing was said about the patient was, that the students were already well informed about it, but it was not so, for one, to whom I put a question concerning the nature of the tumor, professed his entire ignorance of the case, only saying that he supposed it was carcinomatous; and I found, from an observation of another student, which I was near enough to overhear, that he likewise knew nothing about it.

The manner of administering the chloroform to the patient, was simply by pouring a measured quantity on a rag and holding it just over the nose and mouth. What was apparently a little oil or glycerine was previously rubbed with the finger around the mouth, with the object, as I supposed, of preventing any irritation of the skin by the contact of the chloroform.

As regards the dressing of the wound, the only thing which I observed remarkable was the great breadth of the strips of sticking plaster used, apparently nearly two inches wide. They were heated by tin cans of hot water, which custom has not been varied from where I have been, with the single exception of Edinburgh, where they were heated by passing them close to a hot iron just removed from the fire, and so placed in a rest that the strips could be drawn rapidly close to it, and without any danger of contact.

To-morrow I hope to witness some more operations at the same hospital, on the regular clinic day.

Very truly yours,  
M. D. ABROAD.

**SCHOOLS IN NEW YORK—DEAD HOUSE LECTURES—  
CURIOUS CASE OF TUBERCULAR DEPOSIT—SANI-  
TARY MATTERS.**

*New York, Oct. 30th.*

The course of lectures in the medical schools of this city are now fairly under way, and, as far as can be judged at present, the classes are large. The College of Physicians and Surgeons, or, as it must now be called, "Columbia Medical College," has a larger number of matriculants than it had at any session since its existence. The University Medical College is, I understand, similarly favored. Of the New York Medical College I cannot speak positively regarding numbers, though with the energy of its faculty there seems to be a good prospect of success.

In reference to the subject of medical education in this city, allow me to remark that the importance of clinical and hospital teaching is more and more appreciated, and great efforts are made to render the opportunities which the institutions of our city offer more available than they have been hitherto.

I was very much struck with the improvements that have been made at the Bellevue Hospital. One of the most interesting features which I witnessed the other day, was what might be called a "dead house lecture." Professor Alonzo Clark, whose zeal in pathological research is too well known to need your correspondent's encomium, has been in the habit for a few years past of superintending the most important autopsies in the presence of the students. While the autopsy is made by the assistants, the Professor keeps up a running discourse on the nature of the disease, demonstrating its morbid anatomy in the various pathological changes which the organs may have undergone. This enables the student not only to see for himself, but, under the guidance of so able a teacher, he readily acquires a knowledge of what to look for in autopsies—how to establish a connection between symptoms and anatomical changes. It must be acknowledged that such a course cannot but be of immense value to the students, and I was pleased to see on my recent visit that it is appreciated by them.

At the occasion referred to, quite a curious pathological condition was found in one of the autopsies. The patient had cirrhosis of the liver, with its usual concomitants of serous effusion in the abdominal and thoracic cavity. A few days before his death, he had had hæmatemesis, the result of obstruction in the portal

circulation, the patient vomiting at one time nearly a quart of blood.

The ascending colon was found firmly adherent to the abdominal parietes by a patch of false membrane; upon and within this adventitious material, numerous tubercular masses were found deposited of various size. No tubercular deposit could be detected in the lungs or elsewhere.

The points of interest in the case is the occurrence of tubercle in a mass of adventitious false membrane, with apparently no tubercular diathesis, at least the absence of similar deposits in the lungs or mesenteric glands.

It seems, then, that not only all the normal tissues of the body are liable to become the seat of tubercular disease, but that it may occur even in false membrane.

In sanitary circles great efforts are made to secure the much-needed reforms in sanitary matters in the metropolis, and it is to be hoped that the disgraceful legislative bribes, by which the sanitary bill was slaughtered last year, will not recur.

Otherwise there is nothing very stirring going on in medical matters. The medical profession was, of course, represented at the Prince's ball, and *on dit* that one of the sons of Esculapius, present, did the honors to the Duke in the most approved Windsor Castle style, and felt the pulse of His Highness.

Yours,

GOTHAM, JR.

**NEWS AND MISCELLANY.**

*Dr. Carson's Mode of Slaughtering Cattle.*—About twenty years ago, my father, the late Dr. Carson, took out a patent for a new method of slaughtering animals, based upon the physiological doctrines promulgated by him in his "Enquiry," published in 1833. Shortly after the patent was acquired, my father fell into bad health, and, as great prejudice against the method existed, by the advice of my brother, who was then a rising young physician, although he quite approved of the principle, the patent was allowed to lapse, without his family deriving any advantage from it. Being so thoroughly convinced of the superiority of the meat killed by this mode, I have occasionally, since my father's death, had sheep, calves, lambs, and pigs slain in this way, and for nearly two years my butcher has constantly killed these smaller animals. I have not allowed him to attempt the slaughter of oxen, for which indeed he has not suitable tackle; but this man now kills with the greatest facility the animals I have mentioned. Every one who partakes of the meat admits its superiority in flavor, in tenderness and juiciness. It keeps longer than meat killed in the ordinary way, it cures admirably, and is without doubt more nutritious. A number of scientific men in London have tasted it,





whole amount made, and was 2,916,826 cubic feet. In 1858, it had risen to over 35,000,000 cubic feet, or eight per cent. of the whole product. The following year the leakage had again nearly doubled, and is stated at 68,000,000 of cubic feet, or twelve per cent. of the whole amount. It will thus be seen that the leakage is not increasing in proportion to the increased manufacture, but in a greatly faster ratio, so that in nine years it has augmented to twenty-three times the amount which escaped in 1850.

In the city proper of London, the leakage is stated at 25,000,000 cubic feet; in the entire metropolis, at 386,000,000. Estimating the population of the English metropolis at four times that of our city, our leakage should be, to represent an exact proportion, 96,500,000, an amount which it will reach this year or next, so that we have every prospect of seeing all the mischiefs which are now experienced in London repeated here.

The remedy for this must be found in greater exactness of joints; either much greater care must be exercised in carrying out the present mode of joining, or some entirely new system must be adopted. Apart from considerations of health, which are those which we would chiefly urge, let us look at the effect upon municipal expenses.

It is asserted that the cost of producing gas amounts so nearly to that obtained for it that reduction in price is impossible. The loss, therefore, of 68,000,000 cubic feet, at \$2 25, is a loss to the city of \$158,000 per annum. If the increase this year shows the same proportion as hitherto, the loss will amount to \$300,000 for 1860, and go on rapidly increasing in future years. To this must be added a heavy expense, caused by deterioration of water pipes, the effect of which will probably become evident in a few years.

**Arsenical Waters.**—A stream called Whitbeck, in England, rising in the Blackcombe Mountains, in West Cumberland, contains arsenic in determinable quantity. The arsenic is most probably derived from veins of arsenical cobalt ore, through which it percolates; for a few yards above the source there is the entrance of a mine which is very rich in arsenical ore. The arsenical water is habitually used for every purpose by the inhabitants of the little village of Whitbeck, and with beneficial results so apparent that one might be justified in paradoxically characterizing it as a very wholesome poison, the deadly elements in dilution being productive of the most sanitary effects. Ducks will not live if confined to the Whitbeck, and, while trout abound in all the neighboring rivulets, no fins are ever found in the arsenicated stream. But its use by the villagers does not give rise to any symptoms of arsenical poisoning, but rather to the effects which are observed in Styria among the arsenic-eaters there. When the railway

was being carried past Whitbeck, the first use of the water produced the usual marked effects on the throats both of the men and horses employed on the works. The soreness of mouth, from which they at first suffered, soon, however, disappeared, and the horses soon attained the sleekness of coat assigned as one of the effects produced by the administration of minute but repeated doses of arsenic. It is a question how far the rosy looks of the Whitbeck children, and the old age which a large proportion of the inhabitants of the village attain, are to be attributed to the arsenic present in the water.

**Vacancy.**—The lamented death of the late Dr. John Wiltbanks, formerly Professor of Obstetrics and the Diseases of Women and Children in the medical department of Pennsylvania College, has created a vacancy in the *obstetrical* staff of the *Episcopal Hospital*, which, we presume, the energetic Board of Managers will fill at an early period. The new building, which has been under contract since early last spring, and which is in the Norman style of architecture, "modified to suit the purpose and character of the edifice," is rapidly progressing, and will be, when completed, the largest and best arranged hospital in this city. Its outline is in imitation of the "*Parisian Hôpital Lariboisière*, of European celebrity." The length of the entire building will be two hundred and fifty-eight feet; its greatest depth about two hundred and fifty-six feet, and portions of it will be three stories high. This institution, when fully endowed, (which, from present indications, it promises soon to be,) will be an enduring monument to the philanthropy and liberality of the membership of the church under whose auspices it is established, and will be highly ornamental to that section of the city where it is located.

Under these circumstances, the position vacated in its obstetrical staff cannot fail to command the services of the best men in the profession.

**Ball and Banquet in aid of the "Jews' Hospital."**—The Directors of the Jews' Hospital in New York, which is situated at Nos. 138 and 140 West Twenty-eighth street, held a banquet and ball which took place Tuesday evening, at the City Assembly Rooms, No. 446 Broadway, at half-past 5 o'clock P. M., in aid of the funds of the hospital. The institution was opened for the reception of patients in June, 1855; since which time over twelve hundred patients have been admitted, and the greater part of them treated gratuitously, without aid from State or municipal governments. The funds are now exhausted, and the directors took this mode to call upon their friends and supporters of the hospital for assistance. The festival yielded over \$12,000.

The Total Amount of ingesta and egesta for twenty-four hours is, according to Prof. Dalton, (Lectures on the Physiology of the Circulation, *Amer. Med. Monthly*,) not less than six pounds and a half, as follows:—

Absorbed during twenty-four hours.	
Oxygen, . . . . .	1.019 lbs.
Water, . . . . .	4.275 "
Albuminous matter, . . . .	.340 "
Starch, . . . . .	.590 "
Fat, . . . . .	.220 "
Salts, . . . . .	.056 "
	6.500 "

Discharged during twenty-four hours.	
Carbonic acid, . . . . .	1.535 lbs.
Aqueous vapor, . . . . .	0.445 "
Perspiration, . . . . .	1.965 "
Water of the urine, . . . .	2.020 "
Urea and salts, . . . . .	.150 "
Fæces, . . . . .	.385 "
	6.500 "

*A New Cure for Consumption.*—Dr. Guirette, of Lyons, has been recently engaged, at the Hôpital de la Charité, Paris, in a series of experiments, testing the value of a new treatment for the radical cure of pulmonary consumption during the suppurative stage. The Paris correspondent of the *Lancet* says it "consists in the establishment of a fistulous opening through the integuments of the thorax and the pleura into the lung at the diseased part, and in the free admission of air into the cavity of the abscess, which at the same time discharges its contents externally." Several cases have been experimented upon with favorable results.—*Columbus Review*.

*Stearate of Iron.*—This remedy has been found very useful by Ricord in the treatment of the sores with which his name is particularly associated. Some persons may wish to give it a trial in this country, so we extract the formula for its preparation:—Take of sulphate of iron, one part; hard soap, two parts. Dissolve them separately in about three times the weight of water, and mix the solution. A greenish precipitate is the result, which is separated and dried, and then melted by a gentle heat. When melted, it is spread on cloth, like an ordinary plaster.—*Columbus Review*.

*Suppositories.*—This form of medication, since the butter of cacao has been adopted as its component material, has become very popular. Such suppositories, containing articles usually prescribed, as opium, morphia, tannin, santoline, etc., are kept ready made in great variety, or are prepared to order, by Mr. Hubbell, Chestnut street, or Mr. Arend, at Eighth and Poplar streets, in this city.

*Bone-Setters in France.*—A child of fifteen months, in the department of Mayenne, lately fell from its sister's arms and injured one of the lower extremities. A bone-setter was called in, who handled the limb rather roughly, declared the thigh-bone was broken, and that he had set it. He then tied a handkerchief, moistened with soap and water, round it, and promised to return in a fortnight, receiving 13s. for his trouble. The man, however, did not again make his appearance, and a regular practitioner being called in, he found large abscesses with the fragments of the femur projecting from them when opened. Several months were necessary to obtain union, with considerable shortening. The bone-setter was then sued by the father, and the verdict was as follows:—A fortnight's imprisonment, £8 fine, £40 damages, and the costs of the medical attendance upon the child.—*London Lancet*.

*Sir Humphrey Davy at Fault.*—When it was first proposed to light London with gas, it is said Sir Humphrey Davy gave his opinion against its practicability, solely on the ground of the impossibility of keeping the joints of the pipes from leaking. This great chemist was very deficient in mechanical talent, and was seldom able to make a tight joint for his pneumatic experiments; hence the cause of his opinion. Faraday, who became his assistant, being an excellent mechanic, soon showed him how easy it was to make tight joints for gas-pipes.

*Episcopal Hospital.*—At a late meeting of the Board of Managers of the "Hospital of the Protestant Episcopal Church" in that city, A. Dallas Bache, M. D., was elected Resident Physician for one year in the place of Dr. H. L. Tilton, whose term had just expired, and with whose reports of a number of interesting cases, which occurred in that institution during the past year, our readers must be familiar.

*Homeopathy in France.*—The Paris correspondent of the *World* newspaper says that a professorship of homeopathy will probably shortly be established at Lyons and in the other medical schools, through the "benevolent" interference of the Empress Eugene and her husband. There will be no such thing. The idées Napoleoniennes are anything but infinitesimal.

*Albany Medical College.*—We are glad to learn that this school is in a flourishing condition. It has an excellent corps of professors, who are devoting themselves with earnestness to the work of teaching. There is connected with it a very excellent museum, one that will compare favorably with those of the larger schools of our principal cities.

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**"Declined" Lives.**—A life-assurance office declines an offer of business when not quite satisfied regarding the present health or general constitutional condition of the person offering it. Practically, perhaps a fifth, or even a fourth, of the persons applying to get their lives insured are unable to stand the investigation made into their state of health, and become, accordingly, "declined lives." We find that one of the greater offices—the *Royal*—of which the central seat is, we believe, at Liverpool—has lately instituted an inquiry into the subsequent history of a large proportion of its "declined lives," and ascertained that their mortality, as compared with that of the accepted, has been for ages between 30 and 40, in the ratio of 34 to 106, or about  $3\frac{1}{2}$  to 1. Had the lives of that kind rejected during the last five years by the *Royal*, been accepted, the mortality would have been 225 per cent. in excess of the tables, and the claims 319 per cent. above the amount expected; by which, of course, the accumulations made by the healthy would have suffered a serious deduction.—*Chambers' Journal*.

**Elevated Playgrounds.**—The difficulty of obtaining sufficient area for grounds for recreation of the children at the English parochial schools has suggested the idea of constructing playgrounds on the roofs of buildings. This has actually been successfully accomplished in the parish of St. Giles, which is the most crowded and unhealthy part of London. The idea, although at first startling, seems to be really a very practicable one, and is perhaps applicable to private residences, as well as crowded schools and asylums. The atmosphere of a city is certainly purer at an elevation, and, with proper precautions for safety, the pale and cachectic inhabitants of eleemosynary institutions, and the toiling thousands in factories might thus have a convenient opportunity of enjoying exercise with the blessings of sunshine and fresh air.

**Physical Influence of the Metals.**—The *British and Foreign Medico Chir. Review*, in an article on the action of medicines on the mental faculties, says, that "arsenic has a tendency to induce depression of spirits, while the preparation of gold serves to elevate and excite them."

We believe that the best way of preparing the latter for raising the spirits is by coining it, and thus influencing the circulation; and that the former is more frequently and unfortunately the resort for obtaining a perpetual quietus to low spirits than a cause of the depression.

*It is said* that invalid soldiers, who have lost their arms in battle, abound so in Paris, that an old woman makes a living in winter by going about wiping their noses for them. She calls herself *Mouchese des Invalides*. She does a thriving business in chilly, windy weather, but has dull times when it is pleasant.

**Asylum for Inebriates.**—The Medical Society of Virginia have appointed a committee to apply to the next Legislature of that State for a charter for a house of refuge for inebriates. There are only three similar institutions in the United States, one of these is located in Boston, and has been in operation for three years past; one in Baltimore, and one now building in Binghampton, N. Y., toward the completion of which the Legislature of that State has appropriated \$150,000. When we are to have a similar institution here, does not seem very apparent. Our "House of Correction," which, when built, will probably embrace within its charitable folds, the poor inebriate, has as yet no vitality.

**Third Dentition.**—Mr. Carre recently reported, at the Société de Biologie of Paris, the case of a woman, aged eighty-five, in remarkably good health, who after experiencing some pain in the gum had a left upper canine tooth to appear. At intervals of some months, the second incisor on the left side of the upper jaw, and the first bicuspid in the upper and lower jaws, on the right side, appeared.

**London Orthopaedic Hospital.**—At the half-yearly Court of Governors, it appeared, from the report, that the number of patients admitted during the half year was 778. The funds were still inadequate, and 200 cases were waiting admission. The mortgage debt of £6,000 entailed an annual charge of nearly £300.

**Another Harmless Ingurgitation of a whole Homœopathic Pharmacy.**—The children of an inhabitant of Erfurth, in Germany, having discovered their father's homœopathic pharmacy, swallowed all the globules of opium, arsenic, belladonna, &c., without the least unpleasant effects.

**Suicide.**—A most curious case of suicide occurred recently at East Flamboro, C. W., a man burning himself literally to death, by sitting on a burning pile of sticks. He was at the time insane.

**Medicated Vapor Baths.**—Practitioners will notice, by an advertisement, that an establishment for administering sulphur and medicated vapor baths *exclusively to females* has been opened in this city.

In an essay on Artificial Lactation, read before the Indiana State Medical Society, the substitution of sugar of milk for ordinary sugar in the preparation of cow's milk for infants is recommended.

**A Nut for the Credulous.**—The *Dublin Medical Press* says that rheumatism may be kept at bay for any length of time by carrying a little bottle of quicksilver in the breeches pocket.

*Births and Deaths in New York City.*—If the official returns of births in New York are correct, they are scarcely in excess over the deaths.

On the 1st of June last, Col. Delavan, City Inspector, commenced keeping a record of births and marriages occurring in this city. As returned to the City Inspector's office, the number of births since the 1st of June has been as follows:—

June, . . . . .	1,323
July, . . . . .	1,225
August, . . . . .	1,273
September, . . . . .	1,333
Total, . . . . .	5,153

The average number of births, according to those returns, is 1,288 per month; while, according to the published mortality statistics, the deaths average about 1,200 per month, which does not include the still-born. It seems from these data, (which, for humanity's sake, we hope to be incorrect,) that the growth of New York is entirely due to influx from without, which, if shut off, would at once lead to an actual decrease in the population. It is important that light should be thrown on this important matter, and nothing but a stringent registry law can accomplish this.

*The Catalogue of the Atlantic (Ga.) Medical College* shows 159 matriculates for the session of 1860, and 59 graduates for 1859.

*The Catalogue of the St. Louis Medical College* for 1860 shows 146 students and 51 graduates.

*Dr. Hayes' Expedition.*—The Arctic exploring expedition, under Dr. Hayes, has safely arrived at Upernavik, in Greenland. The intelligence was received through the U. S. Consul at Copenhagen.

*Quack Advertisements.*—A few days ago two quacks in this city were arrested, and bound over on a charge of circulating indecent pamphlets.

The *Inquirer* improves the opportunity to make the following sensible remarks in its editorial columns:

"We are glad to see that at last a movement has been made towards arresting this loathsome practice; and we sincerely trust that if guilt can be brought home to the parties now under arrest, condign punishment may cause them at least to hesitate before they again seek to enrich themselves by corrupting the health and morals of society.

"What we particularly wish, however, to call public attention to at present, is the fact that there are respectable newspapers in this and other communities willing to publish, as advertisements, copious extracts from the very books which have just brought their authors and circulators into intimate acquaintance with

the criminal jurisprudence of the country. It is rather inconsistent, after reading a column or two of vapid morality, printed in very bad type and on very dirty paper, (as though to drive readers away from what the journalist esteems a formal concession to the prejudices of society,) to find in another portion of the same paper the revolting advertisements of quacks, spread with all the attractiveness that large type and prominent positions can give them. We have no intention to palliate the offence with which these people are charged, and regret much that the progress of judicial refinement has done away with the pillory and whipping at the cart's tail for such reckless disregard of public morality. But, whatever may be the punishment meted out to vulgar, ignorant, and depraved men offending in this way, it should be much more severe for those journalists, who, without the quack's excuse of brutal ignorance, distribute, for the sake of a few dollars, a thousand copies of the pollution, to every one, which, without their aid, would ever be successfully brought to public attention."

To all of which we say amen!

*Free School for the Blind.*—Through the efforts of Dr. BYRON MORRILL a free school for the blind has been established in Maine. Dr. M. has visited all the institutions for the blind in the United States, and confidently believes, from close observation and experience in the matter, that the system of educating these children may be greatly improved upon; also the expenses greatly diminished. He has succeeded, by private donations, in establishing the school, and it is to be hoped that Government will assist in sustaining it. It is proposed to give the blind a good practical education, thereby enabling them to earn their own livelihood, either by some mechanical trade, or as teachers of music, for they are getting to be preferred as teachers of this science to any other class.

*Statistics of Imbecility.*—It is estimated that in England and Wales there are not fewer than 12,000 persons of all ages belonging to the imbecile class. Of these, 2,500 may be regarded as suitable subjects for school training: provision exists for only 600. In Scotland, special inquiries have proved that there are about 3,000 persons in the general class of imbeciles, and 600 of these are assumed to be of a youthful age and capable of improvement: provision exists for only 36. In Ireland there were, in 1851, 4,906 imbeciles; for the educable portion of which no provision whatever exists. We have in England establishments at Red Hill and at Essex Hall, Colchester: the former with 306 inmates, and an annual expenditure of £16,000; and the latter with 30 inmates, and a revenue of £1,700. At Bath, also, an institution has been in operation on a limited scale, since 1846. In Scotland, an asylum for idiots has been established for some years at Baldovan, near

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Dundee. In Edinburgh, the Society for the education of the Imbecile in Scotland has charged itself with the diffusion of information on this subject, and the furtherance of the work. The present provision for these unfortunates is lamentably deficient, and contrasts unfavorably with the state of things abroad. Dr. Brodie, who is urging the case of the imbecile in the United Kingdom, points out that in Switzerland, France, Prussia, Austria, Bavaria, Piedmont, Denmark, and in six or more of the States of America, the State has charged itself with their care and treatment, and liberal provision has been made for their peculiar necessities.—*Lancet*.

*Absorption of Nitrogen by Plants.*—The investigations of Professor Pugh, of Pennsylvania, on the assimilation of gaseous nitrogen by plants, presented before the Scientific Convention at its late meeting, showing decisively that no assimilation of the free nitrogen of the atmosphere takes place, have been confirmed by a recent communication to the *Chemical News*, ("On the Sources of the Nitrogen of Plants,") by Dr. Charles Cameron, who is satisfied, from numerous carefully conducted experiments, that neither the gaseous nitrogen of the atmosphere nor the combined nitrogen of humus can be assimilated by plants, and that the nutriment of plants can only be supplied by substances of a purely inorganic nature. In addition to the list of substances capable of furnishing nitrogen to plants, (as urea, soda, cyanurates of potash, etc.,) he is, from some new experiments, able to add two, viz: nitrate of potash and ferrocyanide of potash. These investigations are of high theoretical and practical value.

*Arsenite of Copper in Dyestuffs.*—Frequent use is made in the arts—as, for instance, in the coloring of certain stuffs, such as green gauze, green tulle, etc., and in the making of artificial flowers—of a very dangerous chemical, namely: arsenite of copper. Accidents having resulted from the use of these fabrics, and complaints in consequence having reached the French Minister of Commerce, he has just addressed a circular to the various Prefects, instructing them to keep a watch over manufacturers which employ arsenite of copper, and warning manufacturers that severe punishment awaits all who put fabrics into commerce whose use may be followed by ill effects.

*Naval Hygiene in France.*—A Chair of Hygiene has just been founded in the Naval Medical School of Toulon, the first occupant being M. Roux, Surgeon-in-chief of the Imperial navy. Now that a Military Medical School has been established at Chatham, the next question will be whether we shall go on imitating our neighbors, and think of the formation of a Naval Medical School. There would be nothing strange in this, seeing that England is the first maritime power in the world.—*Lancet*.

The following "*Frog-Story*" is going the rounds in the papers: A writer in the *Norwalk (O.) Reflector*, describes a visit which he paid last month to a lady at Toledo, Ohio, who takes six live frogs as a remedy for consumption. She was recommended to do it by an Englishman, who said he was cured in that way. In six weeks this singular medicine has restored her from a state of great weakness to strength. The visitor saw the lady take a live frog from a jar, and swallow him whole, without chewing. Her daughter also did the same.

*Accidental Poisoning by Arsenic.*—Three men in the employ of Messrs. Crum and Thernliebank, of Glasgow, boiled some potatoes in a dish used for the purpose of lifting a liquor employed in some process of bleaching. The three men having eaten heartily of the potatoes, were seized with violent pain and vomiting, but ultimately recovered. It appeared that the liquor for which the dish had been used, contained a large quantity of arsenic and chlorate of potash, with which the potatoes had been impregnated.—*Dublin Press*.

*An Operation upon an Operator.*—M. Stackler enjoyed great reputation at Mulhouse, in France, as a cool and skillful operator, and also as the author of several talented medical works. M. Stackler, unfortunately, suffered from a fibrous tumor of the rectum, and underwent the operation for artificial anus, soon after which he died of consecutive peritonitis.

*At Capeabo, Chili,* is a woman thirty-six years of age, who has been twice married, having during the nine years of her first marriage thirteen children, and during the eleven years of her last, fifteen children. Her husband works, but she has to beg in order to aid him in supporting the household.

According to the experience of Dr. Hutton, the flight of a cannon ball was 6,700 feet in one-quarter of a minute, equal to five miles per minute, or 300 miles per hour. It follows, therefore, that a railroad train going at the rate of 75 miles per hour, has the velocity of one-fourth that of a cannon ball.

*Sir Benjamin Brodie.*—Although the operation of iridectomy on this distinguished physician failed, he is reported to be able to walk out without a guide, and is at present visiting a seaside watering place.

*Diphtheria* is said to prevail with great fatality in various parts of Northern Illinois—in La Salle, Kane, Stephenson, Winnebago, and Du Page counties.

*A Case of Successful Treatment of Tetanus by Indian Hemp* is reported in the *Lancet* by Mr. Farrage. Thirty drops of the tincture were given every two hours.





## ADVERTISEMENTS.

**NEW YORK MEDICAL COLLEGE,**  
No. 90 East 13th street, near Fourth Avenue.  
ELEVENTH SESSION, 1860-61.

### FACULTY.

Robert Ogden Doremus, M. D., Professor of Chemistry.  
John Murray Carnochan, M. D., Professor of Clinical and Operative Surgery.  
D. Meredith Reese, M. D., L.L.D., Professor of the Theory and Practice of Medicine and Medical Jurisprudence.  
B. I. Raphael, M. D., Professor of the Principles and Practice of Surgery and Surgical Pathology.  
A. K. Gardner, M. D., Professor of Clinical Midwifery and Diseases of Women.  
Jno. O. Bronson, M. D., Professor of Anatomy.  
Chas. A. Budd, M. D., Professor of Theory and Practice of Midwifery.  
A. Jacobi, M. D., Professor of Infantile Pathology and Therapeutics.  
B. L. Budd, M. D., Professor of Toxicology.  
\*The Chairs of Physiology and Materia Medica are vacant, but will be filled in time for the opening of the Session.  
Fowler Prentice, M. D., Demonstrator of Anatomy.  
Thos. A. Whitney, Assistant Demonstrator.  
James H. Brush, M. D., Prosector to the Professor of Surgery.  
Simeon Abrahams, M. D., Assistant to the Professor of Surgery.  
The Preliminary Course by the Faculty will open on Monday, September 17th, with daily lectures and clinics, and be free to all matriculants.  
The Regular Session for 1860-61 will commence on Monday, October 15th, and continue until the middle of March, with four lectures on each day, in addition to daily clinics on Medicine, Surgery and Obstetrics, conducted by the Faculty.  
Demonstrative and Practical Teaching will be a distinctive feature in this School, especially in *Chemical Analyses, Operative Surgery, and Practical Anatomy*.  
**F E E S.**  
For a full Course of Lectures, \$105; Matriculation, \$5; Demonstrator's fee, \$5; For final examination for a degree, \$30.  
Good boarding may be had in the vicinity of the College, at from \$3 to \$4 per week.  
Further information may be obtained by addressing the undersigned, No. 70 Union Place, New York.  
R. O. DOREMUS, M. D.,  
Dean of the Faculty.

### LONG ISLAND COLLEGE HOSPITAL. BROOKLYN, N. Y.

THE COURSE preliminary to the session of 1861, will begin on the 18th of February, and the Regular Lectures on the 18th of March, to continue till the middle of July.

#### REGENTS.

HON. SAMUEL SLOAN, Pres't. T. H. RODMAN, Esq., Sec.

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Every facility afforded for dissection throughout the year.  
*Clinical Lectures daily, except Sunday, on Medicine, Surgery and Obstetrics, for which ample material is furnished in the lying-in wards and general hospital under the same roof.*  
Professor FLINT will give careful instruction in Auscultation and Percussion, and the art of Diagnosis in general.  
Professor HAMILTON, in his Regular Course, will dwell especially on *Dislocations and Fractures*, and in his Preliminary Course, will give a series of *Lectures on Military Surgery*.  
As far as practicable, instruction in all the departments will be by demonstration.  
**F E E S.**—Full Course, \$100; Matriculation, \$5; Demonstrator's Fee, \$5; Graduation, \$25.

206

### PIERCY'S SULPHUR AND MEDICATED VAPOR BATHS,

(EXCLUSIVELY FOR LADIES' USE.)

BY S. F. RUSSELL,

Sister and Successor to E. A. Carron,

346 SOUTH THIRD ST., one door above Pine,  
PHILADELPHIA.

### DAILY WINTER EXAMINATIONS

IN CONNECTION WITH THE LECTURES

Delivered in the Jefferson Medical College

BY

D. D. RICHARDSON, M. D.,

Senior Resident Physician to Philadelphia Hospital, Lecturer,  
and Demonstrator of Anatomy in Philadelphia School of  
Anatomy, and

JNO. W. LODGE, M. D.,

Formerly Resident Surgeon to Philadelphia Hospital, Lecturer.

The Course of Instruction will embrace a full series of Examinations, which will be held each day at 9 A. M. and 3 P. M.  
On the first of January the Review Examinations will be commenced, and continued during the lectures, thereby bringing the whole course delivered in *Jefferson Medical College* several times before the class, prior to their final examination by the Professors.

#### ORDER OF EXAMINATION.

Chemistry,	}	DR. RICHARDSON.
Materia Medica,		
Obstetrics,		
Physiology,	}	DR. LODGE,
Practice of Medicine,		

By arrangement, our Class will be admitted to Dr. Agnew's Examinations on Anatomy and Surgery.  
Special attention will be given to preparing students for the Medical Staff of the Army and Navy.

No effort will be spared in contributing to the thorough preparation and advancement of our class.

Dr. Richardson being Demonstrator of Anatomy at Dr. Agnew's, will enable him to assist the Class in their anatomical studies.

For further information, address

J. W. LODGE, M. D.,

123 South Seventh Street, Philadelphia, Pa.

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Fee for the whole Course, \$30.

### PRACTICAL COURSE OF INSTRUCTION IN URINARY PATHOLOGY,

BY JOHN W. LODGE, M. D.

Dr. Lodge will commence a Course upon the above subject, about the 1st of November, to continue until the middle of January, embracing a series of Twenty Lectures and Practical Demonstrations.

The object of the Course will be to extend an opportunity to those desirous of becoming familiar with the Chemical Physiology of the Urine, its various Pathological Deposits, their Microscopic Characters, Diagnosis, and Therapeutical indications.

Arrangements have been made by which specimens of the most important urinary deposits occurring in the several Hospitals of this city can be obtained.

For further information, apply to

DR. J. W. LODGE,

No. 123 South Seventh Street

Fee for the Course, \$5.00.

*Philadelphia, Sept., 1860.*

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